MOST PUBLIC DATA RELEASE

ANNOTATED DATA COLLECTION FORMS

BASELINE 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.

Table of Contents

Telephone Screening Interview .... [1]

Self-Administered Questionnaire - Home .... [11]

Self-Administered Questionnaire - Clinic... [35]

Clinic Interview .... [42]

Clinic Visit .... [65]

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**

Baseline Telephone Screening Interview

MOST ID #	Acrostic	Date Interview Completed	Site
MOSTID	ACROSTIC	/ / V0_TIDATE	1 O SITE 1 2 O SITE 2 SITE

Thank you for your interest in the **MOST** study.

MOST is short for Multicenter Osteoarthritis Study. This is a university research study that will help us learn how physical activities, weight, and diet affect knee pain and knee arthritis. Information gathered in this study may help us to better understand how to prevent and treat arthritis. You don't need to have arthritis or joint pain to participate. This study is open to men and women between the ages of 50 and 79. This study will not involve taking any medications or changing your eating or exercise habits. **MOST** will last 3 years and will require two or three clinic visits in [Iowa City] [Birmingham].

How did you hear about the **MOST** study? ***(Interviewer Note: Mark all that apply.)***

~~TSHEAR1~~ O Brochure
~~TSHEAR2~~ O Doctor
~~TSHEAR3~~ O Flyer
~~TSHEAR4~~ O Friend/family
~~TSHEAR5~~ O Mail
~~TSHEAR6~~ O Newspaper
~~TSHEAR7~~ O Radio advertisement
~~TSHEAR8~~ O Television
~~TSHEAR9~~ O Other ***(Please specify:*** ______________________ ***)***
~~TSHEAR10~~ O Don't know/Don't remember
~~TSHEAR11~~ O Refused

Questions 1 - 6 on this page were for clinic use only and were not submitted to the SF Coordinating Center as collected data.

Telephone Screening Interview

Screening ID #	Acrostic

7. How old are you? [ ][ ] years **AGE** **AGECAT**

Is the participant at least 50 and not more than 79 years old? ~~TSA5079~~

O Yes

O No → **NOT ELIGIBLE.** Complete Box B.

8. Confirm gender, male or female 1 O Male 0 O Female **SEX**

9. Do you consider yourself to be Hispanic or Latino? **ETHNICITY ***

O Yes O No O Don't know/Refused

10. What is your racial background? ***(Interviewer Note: Mark one response option.)*** **RACE ***

O White or Caucasian

O Black or African American

O Asian

O American Indian or Alaskan Native

O Hawaiian or Other Pacific Islander

O More than one race ***(Please specify:*** ______ ***)***

O Other ***(Please specify:*** ______ ***)***

O Don't know/Refused

* Enrolled participants were asked the same questions again on the Self-Administered Questionnaire - Home, page 1. The variables ETHNICITY and RACE are derived from that questionnaire.

Telephone Screening Interview

Screening ID #	Acrostic

11. What is your current weight? *(best guess)* **TSWT** ☐☐☐ lbs. ○ Don't know/Refused ~~TSWGTDK~~

(Interviewer Note: See table below to determine if the participant is potentially eligible and fill bubble if they are.)

Female, ages 50 to 59: *Equal to or greater than 154 lbs* → ○*
Female, ages 60 to 69: *Equal to or greater than 151 lbs* → ○*
Female, ages 70 to 79: *Equal to or greater than 148 lbs* → ○* ~~TSCHECK~~
Male, ages 50 to 59: *Equal to or greater than 194 lbs* → ○*
Male, ages 60 to 69: *Equal to or greater than 187 lbs* → ○*
Male, ages 70 to 79: *Equal to or greater than 182 lbs* → ○*

12. During the past 30 days, have you had any pain, aching or stiffness in or around either knee?

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

No / Don't know/Refused → Go to Question #13.

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

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

12b. During the past 30 days, have you had pain, aching or stiffness in or around your left knee on most days?

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

13. Have you ever injured either of your knees so badly that it was difficult for you to walk for at least one week?

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

14. Have you ever had knee surgery?

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

Box A

Are one or more potentially eligible items marked? (These items have asterisks (*). Participant is potentially eligible if one or more asterisked items are marked above.)

~~TSBOXA~~ ○ Yes → Continue interview. ○ No → **NOT ELIGIBLE.** Complete Box B.

Telephone Screening Interview

Screening ID #	Acrostic

15. Have you ever had knee replacement surgery, where all or part of the joint was replaced?

~~TSKNR~~

O Yes O No O Don't know/Refused

15a. Which knee was replaced?

O Right knee only O Left knee only O Both knees

NOT ELIGIBLE. Complete Box B.

15b. Are you considering having knee replacement surgery in your other knee in the next 12 months?

O Yes O No O Don't know

NOT ELIGIBLE. Complete Box B.

Go to Question #17.

16. Are you considering having knee replacement surgery in the next 12 months?

~~TSKNRC~~

O Yes O No O Don't know/Refused

16a. Which knee are you considering for knee replacement surgery?

O Right knee only O Left knee only O Both knees

NOT ELIGIBLE. Complete Box B.

17. In the past three years, have you been treated for cancer or been told by a doctor that you had cancer or a malignant tumor?

~~VOCANCR~~

O Yes O No O Don't know O Refused

Go to Question #17a.

Go to Question #18.

Refer to Recruitment Coordinator. Go to Question #18.

NOT ELIGIBLE. Complete Box B.

Telephone Screening Interview

17a. Please tell me what type of cancer you had.
(Interviewer Note: Don't read list; Mark all that apply.)

- O Acute Leukemia → **NOT ELIGIBLE.** Complete Box B.
- O Brain → **NOT ELIGIBLE.** Complete Box B.
- O Breast → Go to Question #17b
- O Cervical → Go to Question #17b
- O Chronic Leukemia → **NOT ELIGIBLE.** Complete Box B.
- O Colon → Go to Question #17b
- O Esophagus → **NOT ELIGIBLE.** Complete Box B.
- O Liver → **NOT ELIGIBLE.** Complete Box B.
- O Lung → **NOT ELIGIBLE.** Complete Box B.
- O Lymphoma → **NOT ELIGIBLE.** Complete Box B.
- O Melanoma → **NOT ELIGIBLE.** Complete Box B.
- O Multiple Myeloma → **NOT ELIGIBLE.** Complete Box B.
- O Pancreas → **NOT ELIGIBLE.** Complete Box B.
- O Prostate → Go to Question #17b
- O Rectal → Go to Question #17b
- O Skin
  - O Melanoma → **NOT ELIGIBLE.** Complete Box B.
  - O Nonmelanoma → Go to Question #18
- O Stomach → **NOT ELIGIBLE.** Complete Box B.
- O Uterine → Go to Question #17b
- O Other ***(Please specify:*** ________________) → Go to Question #17b.

17b. Did you receive radiation treatment and/or chemotherapy for cancer?

(Interviewer Note: Tamoxifen for breast cancer is not chemotherapy)

- O Yes → **NOT ELIGIBLE.** Complete Box B.
- O No
- O Don't know/Refused → **NOT ELIGIBLE.** Complete Box B.

17c. Was cancer removed by surgery?

- O Yes or "Watchful Waiting" for prostate cancer
- O No → **NOT ELIGIBLE.** Complete Box B. (Exception: "Watchful Waiting" for prostate cancer.)
- O Don't know/Refused → **NOT ELIGIBLE.** Complete Box B.

Telephone Screening Interview

Screening ID #	Acrostic

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

~~TSWLK~~

O Yes O No O Don't know/Refused

No / Don't know/Refused → **NOT ELIGIBLE.** Complete Box B.

19. Do you have problems with your kidneys that require you to have hemodialysis or peritoneal dialysis?

~~TSKIDNY~~

O Yes O No O Don't know/Refused

Yes → **NOT ELIGIBLE.** Complete Box B.

Don't know/Refused → **NOT ELIGIBLE.** Complete Box B.

20. Do you have any other serious health problems that would make it very difficult for you to participate in a research study that will last at least 3 years?

~~TSKHLTH~~

O Yes O No O Don't know O Refused

Yes → What is your health problem? ____________ Refer to Recruitment Coordinator. Go to Question #21.

Don't know → Refer to Recruitment Coordinator. Go to Question #21.

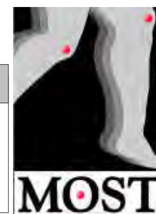
Refused → **NOT ELIGIBLE.** Complete Box B.

21. Did a doctor ever tell you that you have any of the following kinds of arthritis?

~~TSAS~~	Ankylosing Spondylitis?	O Yes O No O Don't know	Yes → **NOT ELIGIBLE.** Complete Box B.
~~TSPA~~	Psoriatic Arthritis?	O Yes O No O Don't know	Yes → **NOT ELIGIBLE.** Complete Box B.
~~TSRS~~	Reiters Syndrome?	O Yes O No O Don't know	Yes → **NOT ELIGIBLE.** Complete Box B.

Telephone Screening Interview

Screening ID #	Acrostic



22. Has a doctor ever told you that you have Rheumatoid Arthritis?

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

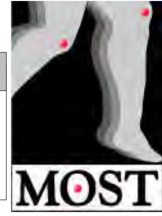
Go to Question #29 on page 10.

23. Have you ever taken any of the following doctor-prescribed medications for Rheumatoid Arthritis?

Medication	Variable	Response	
a. Methotrexate *(meth-oh-TREKS-ayt)*	~~TSRAMET~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
b. Plaquenil *(PLAK-wen-ill)* also called **Hydroxychloroquine** *(hy-drox-ee-KLOR-oh-kwin)*	~~TSRAPLA~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
c. Enbrel *(EN-brel)* also called **Etanercept** *(eh-TAN-er-sept)*	~~TSRAENB~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
d. Remicade *(REM-i-kade)* also called **Infliximab** *(in-FLIX-ih-mab)*	~~TSRAREM~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
e. Arava *(uh-RAHV-uh or uh-RAVE-uh)* also called **Leflunomide** *(leh-FLOON-oh-myd)*	~~TSRAARA~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
f. Gold shots or **pills**	~~TSRAGLD~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
g. Prednisone/steroids-glucocorticoids *(PRED-nih-sohn)* *(GLOO-koh-kor-tih-koyd)*	~~TSRAPRE~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
h. Sulfasalazine *(sul-fah-SAL-ah-zeen)*	~~TSRASUL~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.
i. Kineret *(KIN-a-ret)* also called **anti-IL1RA**	~~TSRAKIN~~	O Yes → O No O Don't know	**NOT ELIGIBLE.** Complete Box B.

Telephone Screening Interview

Screening ID #	Acrostic



TSSTFFH **24.** In the morning, have you ever had joint stiffness in any joints lasting at least one hour?
O Yes O No O Don't know/Refused

24a. Did you have this morning stiffness for more than 6 weeks?
O Yes O No O Don't know

Record 1

TSNOD **25.** Have you ever had nodules or bumps under the skin around the elbow or ankle?
O Yes O No O Don't know/Refused

Record 1

26. Have you ever had swelling in any of the following joints lasting more than 6 weeks?

		LEFT	RIGHT	
TSWRSTL	**i.)** Wrist?	O Yes O No O Don't know/Refused	O Yes O No O Don't know/Refused	TSWRSTR
TSFINGL	**ii.)** Any finger or thumb? (not joint closest to fingernail)	O Yes O No O Don't know/Refused	O Yes O No O Don't know/Refused	TSFINGR
TSELBL	**iii.)** Elbow?	O Yes O No O Don't know/Refused	O Yes O No O Don't know/Refused	TSELBR
TSKNEEL	**iv.)** Knee?	O Yes O No O Don't know/Refused	O Yes O No O Don't know/Refused	TSKNEER

Interviewer Script: "We are nearly done with the interview. Please hold for a minute. I'll be right with you."

26a. ***Interviewer: Are there 3 or more "Yes" responses to Questions #24a, #25, and #26?***
O Yes O No

Record 1

26b. ***Interviewer: Is there at least one "Yes" response for any wrist or finger in Question #26?***
O Yes O No

Record 1

26c. ***Interviewer: Is LEFT and RIGHT marked "Yes" for any one of the above joint categories, i.e., wrist, finger(s), elbow, or knee in Question #26?***
O Yes O No

Record 1

TSRABLD **27.** Have you ever had a blood test for Rheumatoid Arthritis?
O Yes O No O Don't know/Refused

What was the result?
O Positive O Negative O Don't know

Record 1

TSSCR4 **TOTAL SCORE FOR QUESTIONS #24a THROUGH #27: *(Add total from boxes above)***

28. Is the TOTAL SCORE greater than or equal to 4? O Yes O No

Total Score **TSSCORE**

NOT ELIGIBLE.
Complete Box B.

Telephone Screening Interview

Screening ID #	Acrostic

TSMOVE

29. Are you planning to move out of the area in the next three years?

O Yes O No O Don't know/Refused

NOT ELIGIBLE. Complete Box B.

STAFF USE ONLY

(Interviewer Note: Complete these questions to determine eligibility.)

"We are nearly done with the interview. Please hold for a minute. I'll be right with you."

TSDKQ17

30. ***Did screenee answer "Don't know" to Question #17?***

O Yes O No

Mark **POTENTIALLY ELIGIBLE** in Box B.

TSKDQ20

31. ***Did screenee answer "Yes" or "Don't know" to Question #20?***

O Yes O No

Mark **POTENTIALLY ELIGIBLE** in Box B.

TSASKRC

32. ***Are there any other reasons why you think the Recruitment Coordinator should confirm eligibility?***

O Yes O No

Mark **POTENTIALLY ELIGIBLE** in Box B.

Box B

O POTENTIALLY ELIGIBLE

"Thank you for your time and for answering questions. You may be eligible for the MOST study. I need to confirm your eligibility. Someone from our office will be calling you back soon to let you know if you are eligible, and if so, to set up a study visit. Goodbye."
(Interviewer Note: Refer to Recruitment Coordinator.)

O ELIGIBLE TSBOXB

"Thank you for your time and for answering our questions. The information will be very useful in the study. It does look like you are eligible to participate in this study."
(Interviewer Note: Read text from card about study visits.)

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

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

O NOT ELIGIBLE

"You are not eligible to be part of the study, but the information you provided will be very useful.
Thank you for your time and for answering our questions. Goodbye."

O NOT INTERESTED

"Can you tell me the reason you are not interested in participating?"
(Interviewer Note: Don't read list; Mark all that apply.)

O No time/too busy
O Too much trouble
O Illness (self)
O Illness (family member)
O Afraid of potential medical finding during clinic visit
O Don't like doctors/health care professionals
O Concerned about radiation exposure
O Concerned about pain/discomfort during clinic visit
O Refused
O Other ***(Please specify:***____________________***)***

"Thank you for your time and for answering our questions. Goodbye."

Baseline Self-Administered Questionnaire - Home

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

General Information

① Do you consider yourself to be Hispanic or Latino? **ETHNICITY**

1 ○ Yes 0 ○ No 8 ○ Don't know

② What is your racial background? **RACE**
(Mark only one response.)

1 ○ White or Caucasian
2 ○ Black or African American
3 ○ Asian
4 ○ American Indian or Alaskan Native
5 ○ Hawaiian or Other Pacific Islander
6 ○ More than one race ***(Please specify:*** ______________________ ***)***
7 ○ Other ***(Please specify:*** ______________ ***)***
8 ○ Don't know

③ What is your current marital status? **V0MARRY**

1 ○ Married or living in a married-like relationship
2 ○ Widowed
3 ○ Separated
4 ○ Divorced
5 ○ Single, never married
6 ○ Other ***(Please specify:*** ______________________ ***)***
8 ○ No answer

④ Do you live by yourself or do you live with a spouse, family member(s), or roommate(s)?

V0ALONE 1 ○ Live alone 2 ○ Live with my spouse, family member(s), or roommate(s)

⑤ Please mark the highest grade or year of school that you completed.
(Mark only one response.)

V0EDUC

1 ○ Some elementary school
2 ○ Elementary school (completed grade 8)
3 ○ Some high school
4 ○ High school graduate (completed grade 12)
5 ○ Some college
6 ○ College graduate
7 ○ Some graduate school
8 ○ Graduate degree

Height and Weight History

MOST ID #	Acrostic

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

V0HTFT ☐ feet ☐☐ inches **V0HTIN**

7. What was your usual weight when you were about 25 years old? If you don't remember exactly, give your best estimate. ***(Women, answer for a time when you were not pregnant.)***

V0WT25 ☐☐☐ pounds

8. What is the most you have ever weighed, and how old were you when you were at your heaviest weight? If you don't remember exactly, give your best estimate. ***(Women, answer for a time when you were not pregnant.)***

V0WTMAX ☐☐☐ pounds at ☐☐ years of age **V0WTAGE**

V0_HT25

V0_WGHT25

V0_BMI25

Joint Pain, Aching, and Stiffness

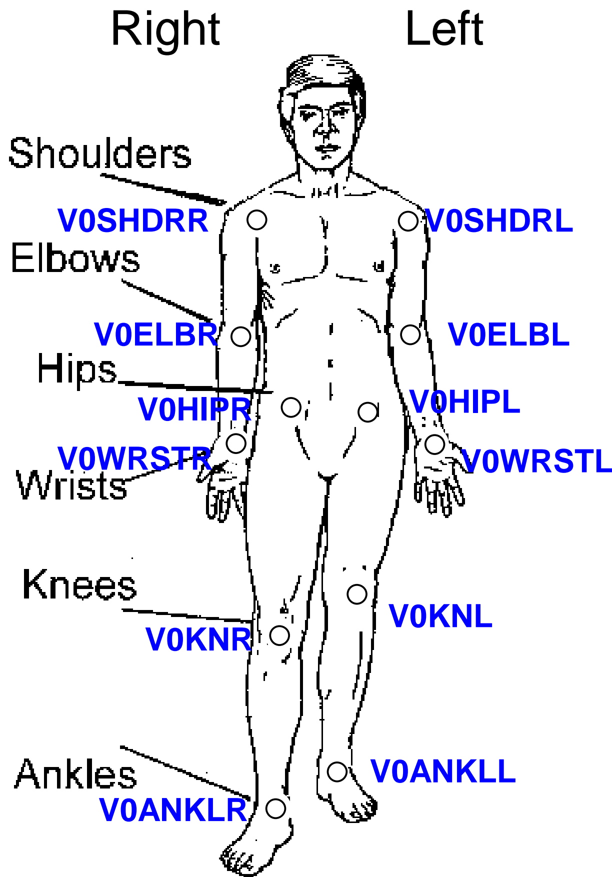
MOST ID #	Acrostic

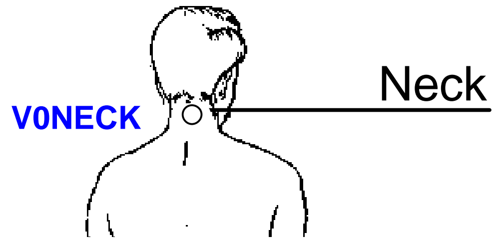
⑨ On most days, do you have pain, aching, or stiffness in any joints?

V0JPAIN 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #10 on page 6.

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.)***





V0_WSPA

V0_WSPB

V0_WSPC

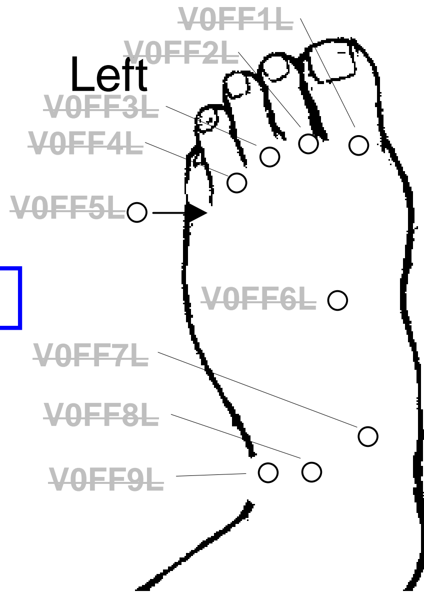
1 = YES

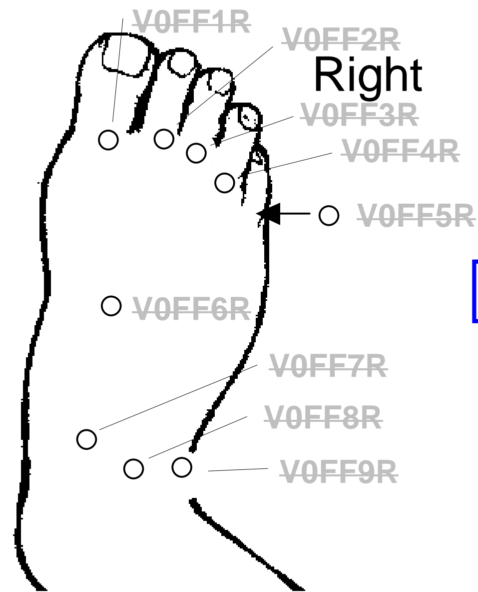
Joint Pain, Aching, and Stiffness

MOST ID #	Acrostic

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.)***

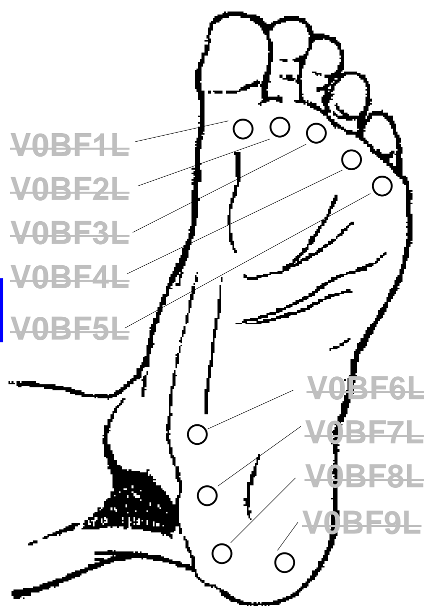
V0L_FFOOT

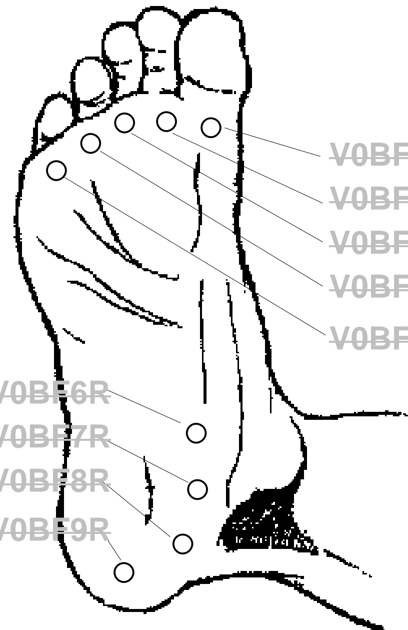




V0R_FFOOT

V0L_BFOOT



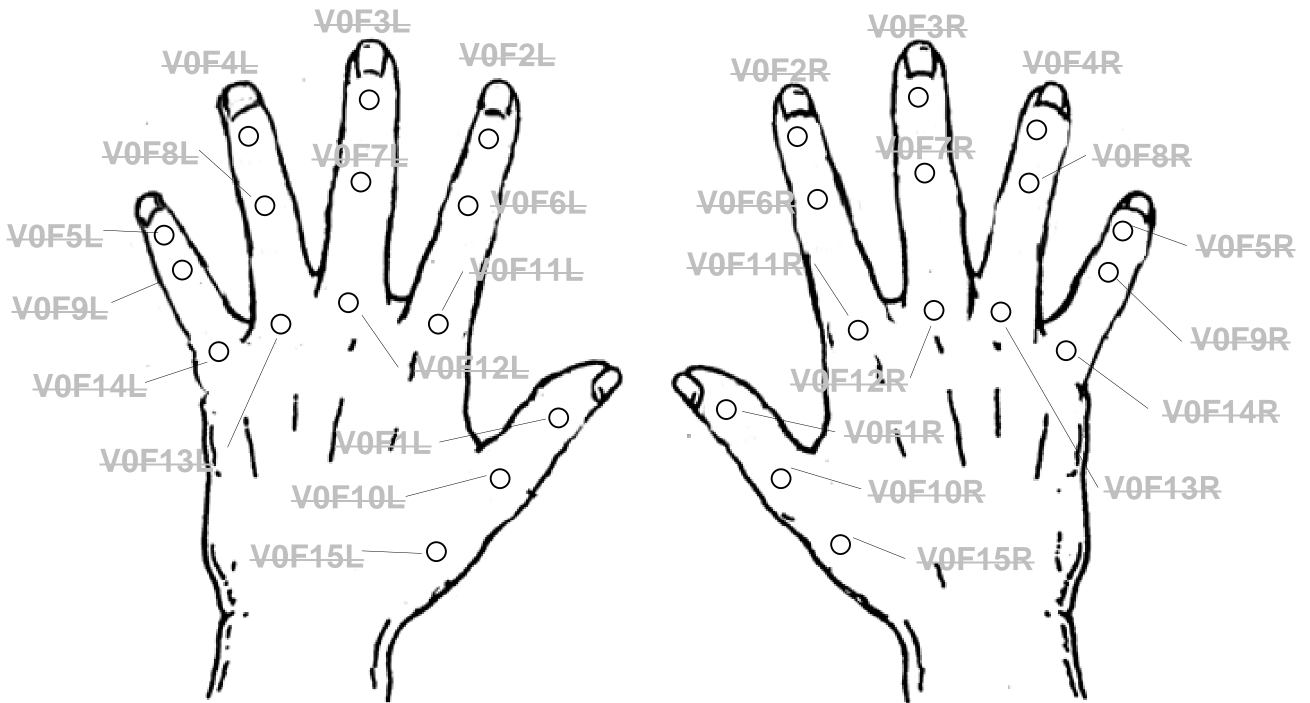


V0R_BFOOT

Joint Pain, Aching, and Stiffness

MOST ID #	Acrostic

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.)***



V0L_HAND

V0R_HAND

Back Pain and Function

MOST ID #	Acrostic

⑩ During **the past 30 days**, have you had any back pain?

V0PAIN 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #11 on page 7.

V0FREQ a. How often were you bothered by back pain in the **past 30 days**?
(Mark only one response.)

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

V0SERV b. When you have had back pain, how bad was it on average?

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)

LOWER BACK

CLINIC USE ONLY

V0NK ○ NK
V0UB ○ UB
V0MB ○ MB
V0LB ○ LB
V0BK ○ BK

1 = YES

V0_LBP

V0BPLA d. During the **past 30 days**, have you limited your activities because of back pain?

1 ○ Yes 0 ○ No → Go to Question #11 on page 7.

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

V0BDDAY [ ][ ] days

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

V0BPLAD [ ][ ] days

Arthritis Diagnosis

MOST ID #	Acrostic

(11) Has a doctor ever told you that you have arthritis?

V0ARTH 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #12 on page 8.

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

Variable	Question			
V0RA	a. Rheumatoid arthritis?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0KNOA	b. Osteoarthritis or degenerative arthritis in your knee?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0HPOA	c. Osteoarthritis or degenerative arthritis in your hip?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0HFOA	d. Osteoarthritis or degenerative arthritis in your hand or fingers?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0OJOA	e. Osteoarthritis or degenerative arthritis in some other joint?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0GOUT	f. Gout?	1 ○ Yes	0 ○ No	8 ○ Don't know
V0OTH	g. Some other type of arthritis?	1 ○ Yes	0 ○ No	8 ○ Don't know

(Please specify: ________________________________ ***)***

V0ARTHRX

h. Are you taking any of the following medications for your arthritis every day or almost every day?

- ◈ Aspirin
- ◈ Ibuprofen (for example, Advil or Motrin)
- ◈ Tylenol (Acetominophen)
- ◈ Cox2 inhibitors (e.g. Celebrex or Vioxx)
- ◈ Other Nonsteroidals/Anti-inflammatories (for example, Diclofenac, Voltaran, Sulindac [Clinoril], Naprosyn, Indomethacin)

1 ○ Yes 0 ○ No 8 ○ Don't know

V0STEROD

i. In the past 12 months have you had a steroid injection (cortisone) in either of your knees for treatment of your arthritis?

1 ○ Yes 0 ○ No 8 ○ Don't know

V0STKN

In which knee?

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

Family History

(12) Has anyone in your immediate family (that is, either your mother, father, sister, brother or child) been told that they have arthritis? ***(Please answer for biological [blood] relatives only.)***

1 ○ Yes   0 ○ No   8 ○ Don't know   **V0FARTH**

Was it your... ***(Please answer for each family member.)***	
Mother?	1 ○ Yes 0 ○ No 8 ○ Don't know **V0MOM** Was the arthritis in her knee(s)? 1 ○ Yes 0 ○ No 8 ○ Don't know **V0MOMKN**
Father?	1 ○ Yes 0 ○ No 8 ○ Don't know **V0DAD** Was the arthritis in his knee(s)? 1 ○ Yes 0 ○ No 8 ○ Don't know **V0DADKN**
Sister(s)? (One or more)	1 ○ Yes 0 ○ No 2 ○ Don't have sister(s) 8 ○ Don't know **V0SIS** Was the arthritis in her (their) knee(s)? 1 ○ Yes 0 ○ No 8 ○ Don't know **V0SISKN**
Brother(s)? (One or more)	1 ○ Yes 0 ○ No 2 ○ Don't have brother(s) 8 ○ Don't know **V0BRO** Was the arthritis in his (their) knee(s)? 1 ○ Yes 0 ○ No 8 ○ Don't know **V0BROKN**
Child(ren)? (biological/ blood) (One or more)	1 ○ Yes 0 ○ No 2 ○ Don't have children 8 ○ Don't know **V0CHD** Was the arthritis in his (their) knee(s)? 1 ○ Yes 0 ○ No 8 ○ Don't know **V0CHDKN**

Health History and Medical Conditions

MOST ID #	Acrostic

(13) Have you ever had a heart attack?

1 ○ Yes 0 ○ No 8 ○ Don't know **V0HRTAT**

(14) Have you ever had an operation to unclog or bypass the arteries in your heart?

1 ○ Yes 0 ○ No 8 ○ Don't know **V0UNCLOG**

(15) 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.)

1 ○ Yes 0 ○ No 8 ○ Don't know **V0HRTFA**

(16) Have you ever had an operation to unclog or bypass the arteries in your legs?

1 ○ Yes 0 ○ No 8 ○ Don't know **V0BYPASS**

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

1 ○ Yes 0 ○ No 8 ○ Don't know **V0STROKE**

Go to Question #18.

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

1 ○ Yes 0 ○ No 8 ○ Don't know **V0MOVE**

(18) Do you have asthma?

1 ○ Yes 0 ○ No 8 ○ Don't know **V0ASTHMA**

Go to Question #19 on page 10.

Do you take medicines for your asthma?

1 ○ Yes 0 ○ No 8 ○ Don't know **V0ASTRX**

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

1 ○ Only with flare-ups of my asthma

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

V0WHEN

MOST ID #	Acrostic

19. Do you have emphysema, chronic bronchitis, or chronic obstructive lung disease? **V0COPD**

1 ○ Yes 0 ○ No 8 ○ Don't know

(No / Don't know) → Go to Question #20.

Do you take medicines for your lung disease? **V0LUNRX**

1 ○ Yes 0 ○ No 8 ○ Don't know

When do you usually take the medicine? ***(Please mark one.)*** **V0LWHEN**

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

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

20. Do you have stomach ulcers, or peptic ulcer disease? **V0ULCER**

1 ○ Yes 0 ○ No 8 ○ Don't know

(No / Don't know) → Go to Question #21.

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)? **V0ULCDX**

1 ○ Yes 0 ○ No 8 ○ Don't know

21. Do you have diabetes (high blood sugar)? **V0DIABT**

1 ○ Yes 0 ○ No 8 ○ Don't know

(No / Don't know) → Go to Question #22 on page 11.

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

V0DIET ○ modifying my diet

V0DRX ○ medications taken by mouth

V0INJ ○ insulin injections

V0NONE ○ not treated

1 = YES

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

V0KID ○ Problems with your kidneys

V0EYE ○ Problems with your eyes, treated by an ophthalmologist

V0ODDK ○ Has not caused problems

Charlson Comorbidity Index
(Katz Questionnaire Adaptation)
Med Care 1996. 34:73-84.

Health History and Medical Conditions
(continued)

MOST ID #	Acrostic

22 Have you ever had serious problems with your kidneys?

V0KIDNY

1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #23.

Kidney problems: ***(Please mark all that apply.)***

- ○ Poor kidney function (blood tests show high creatinine) V0POORF
- ○ Have received a kidney transplantation V0TRANS
- ○ Have used hemodialysis or peritoneal dialysis V0DIALY
- ○ Other ***(Please specify:*** ______________________ ***)*** V0KOTR
- ○ Don't know V0DK

1 = YES

23 Do you have any of the following conditions?

a. Alzheimer's Disease, or another form of dementia?
○ Yes ○ No ○ Don't know V0ALZHE

b. Cirrhosis, or serious liver damage?
1 ○ Yes 0 ○ No 8 ○ Don't know V0LIVER

c. Leukemia or polycythemia vera?
○ Yes ○ No ○ Don't know V0LEUKE

d. Lymphoma?
○ Yes ○ No ○ Don't know V0LYMPH

e. Cancer, other than skin cancer, leukemia or lymphoma?
1 ○ Yes 0 ○ No 8 ○ Don't know V0CANCR

Has the cancer spread, or metastasized to other parts of your body?
1 ○ Yes 0 ○ No 8 ○ Don't know V0CANCRS

f. AIDS?
○ Yes ○ No ○ Don't know V0AIDS

V0_DX

V0MCOMOR

Charlson Comorbidity Index
(Katz Questionnaire Adaptation)
Med Care 1996. 34:73-84.

Fracture History

MOST ID #	Acrostic

(24) Has a doctor ever told you that you broke or fractured a bone after the age of 45?

V0BONE
1 ○ Yes
0 ○ No
8 ○ Don't know

Go to Question #25.

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

V0FXHIP
1 ○ Yes
0 ○ No
8 ○ Don't know

How old were you when a doctor first told you this?
If you are unsure, please make your best guess.

V0HPAGE
I was [ ][ ] years old. ○ Don't know ~~V01HPDK~~

(25) Has a doctor ever told you that you had a fracture of the spine or fracture of the vertebrae?

V0SPINE
1 ○ Yes
0 ○ No
8 ○ Don't know

Go to Question #26.

How old were you when a doctor first told you this?
If you are unsure, please make your best guess.

V0SPAGE
I was [ ][ ] years old. ○ Don't know ~~V0SPDK~~

V0_FXHIPSP

MOST ID #	Acrostic

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

V0SMOKE
1 ○ Yes
0 ○ No → Go to Question #27.

How old were you when you first started smoking regularly? If unsure, please make your best guess. [ ][ ] V0SKAGE years old

On the average of the entire time you smoked, how many cigarettes did you smoke per day? [ ][ ] V0SKAVE per day

Do you smoke cigarettes now?
V0SKNOW
1 ○ Yes
0 ○ No

V0SMK

V0PACKYR

If Yes: About how many cigarettes do you smoke per day? [ ][ ] V0SKAMT per day

If No: How old were you when you stopped smoking? [ ][ ] V0SKSTP years old

(27) Have you ever used chewing tobacco or snuff on a regular basis?

V0CHEW
1 ○ Yes
0 ○ No → Go to Question #28.

How old were you when you first started using chewing tobacco or snuff fairly regularly? [ ][ ] V0CHAGE years old.

Do you use snuff or chewing tobacco now?
V0CHNOW
1 ○ Yes
0 ○ No

If Yes: About how many containers do you use per week? [ ][ ] V0CHAMT per week

If No: How old were you when you last used snuff or chewing tobacco fairly regularly? [ ][ ] V0CHSTP years old

(28) Have you ever smoked a pipe or cigars regularly?

V0PIPE
1 ○ Yes
0 ○ No → Go to Question #29 on page 14.

For how many years? [ ][ ] V0PIYR years

About how many pipes or cigars did/do you smoke per week? [ ][ ] V0PIAMT per week

V0_SMK3

(29) 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.)

V0PAY 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #30.

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.)

V0NOPAY 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #30.

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

V0HLTH 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #32 on page 15.

(30) 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.)***

V0HRSWK ☐☐ Number of hours worked per week

(31) 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.)***

V0MIS ☐☐ Number of days missed in the past 3 months

Work History

MOST ID #	Acrostic

(32) What kind of work have you done most of your adult life? ***(Please choose ONE answer.)***

V0WKIND

1 ○ skilled/craftsman
2 ○ sales
3 ○ farming
4 ○ technician
5 ○ office/clerical
○ office/professional
6 ○ unskilled/semi-skilled labor
7 ○ worked in the home
8 ○ other ***(Please specify:*** __________________________________ ***)***

(33) How many years did you do this work? ***(Please choose ONE answer.)***

V0WYEAR

1 ○ 0- 5 years
2 ○ 6-10 years
3 ○ 11-15 years
4 ○ 16-20 years
5 ○ 21-25 years
6 ○ 26-30 years
7 ○ 31-35 years
8 ○ 36-40 years
9 ○ more than 40 years

(34) What is or was your level of physical activity in the work you have done most of your adult life? This includes if you worked at home. ***(Please choose ONE answer.)***

V0PALEV

1 ○ Mainly sitting with slight arm movements.
(Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.).

2 ○ Sitting or standing with some walking.
(Examples: cashier, general office worker, light tool and machinery worker).

3 ○ Walking, with some handling of materials generally weighing less than 50 pounds. (Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker).

4 ○ Walking and heavy manual work often requiring handling of materials weighing over 50 pounds.(Examples: stone mason, farm or general laborer).

Work History
(continued)

MOST ID #	Acrostic

Think of the following questions in terms of a typical work day for any work that you have done. This includes if you worked at home.

(35) Did you ever do work that required you to drive a motor vehicle for 4 hours or more nearly every day?

V0DRIVE 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #36.

V0DRYR a. How many years did you do this? ☐☐ years V0_DRYRCAT

V0DRNOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

(36) Did you ever do work that required you to bend over at the waist repeatedly for 2 hours or more nearly every day?

V0BEND 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #37.

V0BNYR a. How many years did you do this? ☐☐ years V0_BNYRCAT

V0BNNOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

(37) Did you ever do work that required you to walk for 2 hours or more nearly every day?

V0WLKA 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #38 on page 17.

V0WAYR a. How many years did you do this? ☐☐ years V0_WAYRCAT

V0WANOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

Work History
(continued)

MOST ID #	Acrostic

Think of the following questions in terms of a typical work day for any work that you have done.

(38) Did you ever do work that required you to walk for 2 hours or more over rough ground or uneven surface nearly every day?

V0WLKB 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #39.

V0WBYR a. How many years did you do this? ☐☐ years **V0_WBYRCAT**

V0WBNOW b. Are you still doing this? 1 ○ Yes 0 ○ No 8 ○ Don't know

(39) Did you ever do work that required you to stand for 2 hours or more nearly every day?

V0STAND 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #40.

V0STYR a. How many years did you do this? ☐☐ years **V0_STYRCAT**

V0STNOW b. Are you still doing this? 1 ○ Yes 0 ○ No 8 ○ Don't know

(40) Did you ever do work that required you to kneel for 30 minutes or more nearly every day?

V0WKNEEL 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #41 on page 18.

V0KLYR a. How many years did you do this? ☐☐ years **V0_KLYRCAT**

V0KLNOW b. Are you still doing this? 1 ○ Yes 0 ○ No 8 ○ Don't know

Work History
(continued)

MOST ID #	Acrostic

Think of the following questions in terms of a typical work day for any work that you have done.

41 Did you ever do work that required you to squat for 30 minutes or more nearly every day?

V0SQUAT 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #42.

V0SQYR a. How many years did you do this? ☐☐ years **V0_SQYRCAT**

V0SQNOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

---

42 Did you ever do work that required you to climb up or down a total of 10 or more flights of stairs nearly every day? (One flight is about 10 steps.)

V0CLIMB 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #43.

V0CLYR a. How many years did you do this? ☐☐ years **V0_CLYRCAT**

V0CLNOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

---

43 Did you ever do work that required you to lift or move objects weighing 25 pounds or more nearly every day?

V0LIFT 1 ○ Yes 0 ○ No 8 ○ Don't know

Go to Question #44 on page 19.

V0LFYR a. How many years did you do this? ☐☐ years **V0_LFYRCAT**

V0LFNOW b. Are you still doing this?
1 ○ Yes 0 ○ No 8 ○ Don't know

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
(44) Visiting friends and family in their homes.	5 ○	4 ○	3 ○	2 ○	1 ○ V0FDI1
(45) 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 ○ V0FDI2
(46) 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 ○ V0FDI3
(47) Working at a volunteer job outside your home.	5 ○	4 ○	3 ○	2 ○	1 ○ V0FDI4
(48) Taking part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	5 ○	4 ○	3 ○	2 ○	1 ○ V0FDI5
(49) Traveling out of town for at least an overnight stay.	5 ○	4 ○	3 ○	2 ○	1 ○ V0FDI6
(50) 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 ○ V0FDI7
(51) Going out with others to public places such as restaurants or movies.	5 ○	4 ○	3 ○	2 ○	1 ○ V0FDI8

Everyday Things
(continued)

MOST ID #	Acrostic

To what extent do you feel limited in…?	Not at all	A little	Somewhat	A lot	Completely	
(52) Taking care of your own personal care needs. This includes bathing, dressing, and toileting.	5 ○	4 ○	3 ○	2 ○	1 ○	V0FDI9
(53) Taking part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.	5 ○	4 ○	3 ○	2 ○	1 ○	V0FDI10
(54) 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 ○	V0FDI11
(55) Preparing meals for yourself. This includes planning, cooking, serving, and cleaning up.	5 ○	4 ○	3 ○	2 ○	1 ○	V0FDI12

V0LLDIIR

Health Survey

MOST ID #	Acrostic

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.

(56) In general, would you say your health is:

V0SF1

- 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
(57) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf **V0SF2**	1 ○	2 ○	0 ○
(58) Climbing several flights of stairs **V0SF3**	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?

(59) Accomplished less than you would like	1 ○ Yes **V0SF4**	0 ○ No	8 ○ Don't know
(60) Were limited in the kind of work or other activities	1 ○ Yes **V0SF5**	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)?

(61) Accomplished less than you would like	1 ○ Yes **V0SF6**	0 ○ No	8 ○ Don't know
(62) Didn't do work or other activities as carefully as usual	1 ○ Yes **V0SF7**	0 ○ No	8 ○ Don't know

(63) 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.)***

V0SF8

1 ○ Not at all
2 ○ A little bit
3 ○ Moderately
4 ○ Quite a bit
5 ○ 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
V0SF9 (64) Have you felt calm and peaceful?	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
V0SF10 (65) Did you have a lot of energy?	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○
V0SF11 (66) Have you felt downhearted and blue?	5 ○	4 ○	3 ○	2 ○	1 ○	0 ○

---

(67) 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
V0SF12	4 ○	3 ○	2 ○	1 ○	0 ○

V0SF12MM

V0SF12MP

Health Survey
(continued)

MOST ID #	Acrostic

(68) 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 ○	V0CESDA
b. I did not feel like eating: my appetite was poor.	1 ○	2 ○	3 ○	4 ○	V0CESDB
c. I felt that I could not shake off the blues even with help from my family and friends.	1 ○	2 ○	3 ○	4 ○	V0CESDC
d. I felt that I was just as good as other people.	1 ○	2 ○	3 ○	4 ○	V0CESDD
e. I had trouble keeping my mind on what I was doing.	1 ○	2 ○	3 ○	4 ○	V0CESDE
f. I was depressed.	1 ○	2 ○	3 ○	4 ○	V0CESDF
g. I felt that everything I did was an effort.	1 ○	2 ○	3 ○	4 ○	V0CESDG
h. I felt hopeful about the future.	1 ○	2 ○	3 ○	4 ○	V0CESDH
i. I thought my life had been a failure.	1 ○	2 ○	3 ○	4 ○	V0CESDI
j. I felt fearful.	1 ○	2 ○	3 ○	4 ○	V0CESDJ

Health Survey
(continued)

MOST ID #	Acrostic

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○	V0CESDK
l. I was happy.	1○	2○	3○	4○	V0CESDL
m. It seemed that I talked less than usual.	1○	2○	3○	4○	V0CESDM
n. I felt lonely.	1○	2○	3○	4○	V0CESDN
o. People were unfriendly.	1○	2○	3○	4○	V0CESDO
p. I enjoyed life.	1○	2○	3○	4○	V0CESDP
q. I had crying spells.	1○	2○	3○	4○	V0CESDQ
r. I felt sad.	1○	2○	3○	4○	V0CESDR
s. I felt that people disliked me.	1○	2○	3○	4○	V0CESDS
t. I could not get going.	1○	2○	3○	4○	V0CESDT

V0CES_D

V0_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 the top of pages 1 and 2, all of pages 3 through 5 and 7 through 8 of the MOST Baseline 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	**V0Q1KR**	**V0Q1KL**
Up stairs	**V0UPR**	**V0UPL**
Down stairs	**V0DOWNR**	**V0DOWNL**
Stairs (calculated)	**V0Q2KR**	**V0Q2KL**
In bed	**V0Q3KR**	**V0Q3KL**
Sit or lie down	**V0Q4KR**	**V0Q4KL**
Standing	**V0Q5KR**	**V0Q5KL**

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: V0UPR, V0UPL, V0DOWNR, and V0DOWNL. "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	**V0WOPNKR**	**V0WOPNKL**

(Note: the top of pages 1 and 2, all of pages 3 through 5 and 7 through 8 of the MOST Baseline Self-Administered Questionnaire – Clinic are not being displayed.)

<u>**Knee stiffness**</u>
The individual items in the stiffness subscale are:

Activity	Variable (right knee)	Variable (left knee)
In morning	**V0Q6KR**	**V0Q6KL**
Later in day	**V0Q7KR**	**V0Q7KL**

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	**V0WOSTKR**	**V0WOSTKL**

<u>**Disability**</u>
The individual items in the disability subscale are:

Activity	Variable (either knee)
Down stairs	**V0Q8K**
Up stairs	**V0Q9K**
Stand from sitting	**V0Q10K**
Standing	**V0Q11K**
Bending	**V0Q12K**
Walking	**V0Q13K**
In car/out of car	**V0Q14K**
Shopping	**V0Q15K**
Socks on	**V0Q16K**
Get out of bed	**V0Q17K**
Socks off	**V0Q18K**
Lying down	**V0Q19K**
Bathing	**V0Q20K**
Sitting	**V0Q21K**
On/off toilet	**V0Q22K**
Heavy chores	**V0Q23K**
Light chores	**V0Q24K**

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: V0Q8K, V0Q9K, V0Q12K, V0Q15K, V0Q23K, and V0Q24K. “Don’t do” is set to missing.

The disability subscale possible score range is 0-68.

Score	Variable (either knee)
Disability subscale scores	**V0WOPASK**

(Note: the top of pages 1 and 2, all of pages 3 through 5 and 7 through 8 of the MOST Baseline 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	**V0WOTOTR**	**V0WOTOTL**

Hip pain

The individual items in the pain subscale are:

Activity	Variable (right knee)	Variable (left knee)
Walking	**V0Q1HR**	**V0Q1HL**
Up/down stairs	**V0Q2HR**	**V0Q2HL**
In bed	**V0Q3HR**	**V0Q3HL**
Sit or lie down	**V0Q4HR**	**V0Q4HL**
Standing	**V0Q5HR**	**V0Q5HL**
Socks on	**V0Q6HR**	**V0Q6HL**
In chair/out of chair	**V0Q7HR**	**V0Q7HL**
In car/out of car	**V0Q8HR**	**V0Q8HL**

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: V0Q2HR and V0Q2HL. "Don't do" is set to missing.

The pain subscale scores are calculated for the right and left hip separately. V0WOPNHR and V0WOPNHL are standard calculations and V0WOPHRM and V0WOPHLM 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	**V0WOPNHR**	**V0WOPNHL**
Pain/disability subscale scores	**V0WOPHRM**	**V0WOPHLM**

(Note: the top of pages 1 and 2, all of pages 3 through 5 and 7 through 8 of the MOST Baseline 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)."

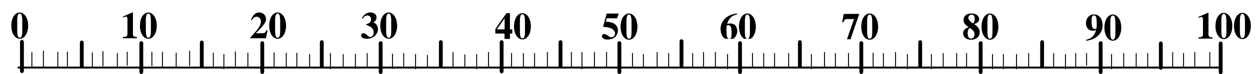
(Note: the top of pages 1 and 2, all of pages 3 through 5 and 7 through 8 of the MOST Baseline Self-Administered Questionnaire – Clinic are not being displayed.)

Baseline Self-Administered Questionnaire - Clinic

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

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [35].

(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

V0VASKR

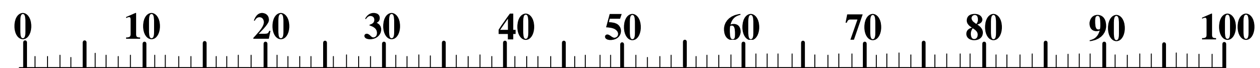
Clinic Use Only

Knee Symptoms
(continued)

MOST ID #	Acrostic

Note: WOMAC© was removed from this page. See "Scoring for WOMAC©" documentation on page [35].

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

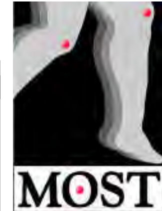
pain as bad as it could be

V0VASKL

Clinic Use Only

Physical Difficulty
(continued)

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**.

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	**V0SP1K**
b. **Running/jogging** 0 ○ none 1 ○ mild 2 ○ moderate 3 ○ severe 4 ○ extreme	5 ○ don't do	**V0SP2K**
c. **Jumping** 0 ○ none 1 ○ mild 2 ○ moderate 3 ○ severe 4 ○ extreme	5 ○ don't do	**V0SP3K**
d. **Twisting/pivoting on your knees** 0 ○ none 1 ○ mild 2 ○ moderate 3 ○ severe 4 ○ extreme	5 ○ don't do	**V0SP4K**
e. **Kneeling** 0 ○ none 1 ○ mild 2 ○ moderate 3 ○ severe 4 ○ extreme	5 ○ don't do	**V0SP5K**

V0KOOSSP

PASE© Scoring

The Physical Activity Scale for the Elderly (PASE©) is a registered trademark, PASE© 1991 New England Research Institutes, Inc. This copyrighted instrument may not be displayed. Therefore pages 1, top of 2, and 3 through 5 of the MOST Baseline Clinic Interview are not being displayed.

Please go to:

http://www.neriscience.com/web/MultiPiecePage.asp_Q_PageID_E_71_A_PageName_E_instrumentsforsale#88

for more information about the PASE©.

PASE© domains

The PASE© covers 3 domains of activity: leisure activities, household activities and occupational activities. The time period covered by PASE© is the "past 7 days".

Leisure activities

The individual leisure activity items are:

Activity	Variable (days/week)	Variable (hours/day)	Variable (calculated)
Sitting	**V0SIT**	**V0SITT**	
Walking	**V0WALK**	**V0WALKT**	**V0PASE01**
Light sport/recreation	**V0LTE**	**V0LTET**	**V0PASE02**
Moderate sport/recreation	**V0MOD**	**V0MODT**	**V0PASE03**
Strenuous sport/recreation	**V0STR**	**V0STRT**	**V0PASE04**
Muscle strength/endurance	**V0WGT**	**V0WGTT**	**V0PASE05**

Each activity is scored for frequency using a 4-point scale:
0 = Never
1 = Seldom (1-2 days)
2 = Sometimes (3-4 days)
3 = Often (5-7 days)

and for hours per day using a 4-point scale:
1 = Less than 1 hour
2 = Between 1 and 2 hours
3 = 2 to 4 hours
4 = More than 4 hours

(Note: Pages 1, top of 2, and 3 through 5 of the MOST Baseline Clinic Interview are not being displayed.)

Household activities

The individual household activity items are:

Activity	Variable (activity)	Variable (calculated)
Light housework	**V0LHW**	**V0PASE06**
Heavy housework	**V0HHW**	**V0PASE07**
Home repairs	**V0HOME**	**V0PASE08**
Lawn work/yard care	**V0LAWN**	**V0PASE09**
Outdoor gardening	**V0GARDN**	**V0PASE10**
Caring for another person	**V0CARE**	**V0PASE11**

Each household activity item is scored:
0 = No
1 = Yes
.M = Don't know/Refused

Occupational activities

The individual occupational items are:

Item	Variable (activity)	Variable (calculated)
Work (pay/volunteer)	**V0WK**	**V0PASE12**

The work (pay/volunteer) item is scored:
0 = No
1 = Yes
.M = Don't know/Refused

Item	Variable
Number of hours worked	**V0WKHR**

Item	Variable
Occupational activity level	**V0WKPA**

The activity level item is scored on a 4-point scale:
1 = Sitting
2 = Sitting/standing/walking
3 = Walking/handling <50 lbs
4 = Walking/handling >50 lbs
.M = Don't know

(Note: Pages 1, top of 2, and 3 through 5 of the MOST Baseline Clinic Interview are not being displayed.)

Total score

12 items are weighted depending on the strenuousness of the activity, and then summed to give the PASE© total score. PASE scores are summary values calculated from weights and frequencies for each of the 12 types of activities described in the questionnaire. Q1 on page 1 (sitting activities over the past 7 days) and Q4 on page 2 (climbed flight of stairs over the past 7 days) were administered as part of the PASE questionnaire, but did not contribute to the overall PASE score. Q8-Q11 have been given an option "Don't know/Refused" – all such responses were converted into missing values before calculation. If all PASE components are missing, then score set up as missing value. There are no substitutions made for missing or skipped questions. If at least one component of the score is non-missing,

For a more detailed description of the PASE calculation, see the document: Calculated Variable Descriptions and SAS Code.

Score	Variable
Total score	**V0PASE**

Score calculations

The leisure activity items are translated to the midpoints of the frequency range (i.e., 0, 1.5, 3.5, or 6, respectively, for days of the week). The hours per day are translated to the midpoints of the hours range (i.e., .5, 1.5, 3, or 5, respectively). Hours per day is then calculated for each leisure activity item (freq*hrs/7).

If the less than 1 hour worked item (WORK1HR) is answered less than 1 hour, this item is calculated as 1 hour worked for the total score.

An individual response of:

.M = Don't know/Refused

for any leisure activity frequency item or household activity item is treated as missing data and the total score is set to missing.

(Note: Pages 1, top of 2, and 3 through 5 of the MOST Baseline Clinic Interview are not being displayed.)

Note: PASE© was removed from this page. See "Scoring for PASE©" documentation on page [42].

(4) Over the past 7 days, how many flights of stairs have you climbed up?
(Interviewer Note: One flight is equal to about 10 steps. REQUIRED - Show Card #7.)

V0STAIR

1 ○ Less than one flight
2 ○ 1 flight but less than 2 flights
3 ○ 2 flights but less than 4 flights
4 ○ 4 flights but less than 6 flights
5 ○ 6 or more flights

Knee Symptoms

MOST ID #	Acrostic

The next questions are about pain, aching, or stiffness in or around your knees.

Right Knee

First I'll ask you about your right knee.

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

V0KPN12R

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

No / Don't know/Refused → Go to Question #14.

Yes →

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

V0MNTHR 1 ○ Yes 0 ○ No 8 ○ Don't know

---

(13) During the past 30 days, have you had any pain, aching, or stiffness in your right knee?

V0PN30R

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

No / Don't know/Refused → Go to Question #14.

Yes →

(13a) During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?

V0KPN30R

1 ○ Yes — 0 ○ No — 8 ○ Don't know

No / Don't know → Go to Question #14.

Yes →

Interviewer Note: Record that participant has right knee pain on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).

V0R_FKP

V0R_SX

Knee Symptoms
(continued)

MOST ID #	Acrostic

Left Knee

Now I'll ask you about your left knee.

(14) During the past 12 months, have you had any pain, aching, or stiffness in your left knee?

V0KPN12L 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #16.

Yes → (14a) During the past 12 months, have you had pain, aching, or stiffness in your left knee on most days for at least one month?

V0MNTHL 1 ○ Yes 0 ○ No 8 ○ Don't know

(15) During the past 30 days, have you had any pain, aching, or stiffness in your left knee?

V0PN30L 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

No / Don't know/Refused → Go to Question #16.

Yes → (15a) During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?

V0KPN30L 1 ○ Yes 0 ○ No 8 ○ Don't know

Yes → ***Interviewer Note: Record that participant has left knee pain on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).***

No / Don't know → Go to Question #16.

V0L_FKP

V0L_SX

Both Knees

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

V0KNLA 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Yes → (16a) On how many days did you limit your activities because of pain, aching, or stiffness?

V0KNLAD ☐☐ days

No / Don't know/Refused → (16b) 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 **V0AVOID**

V0_FKPSX

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.

(17) Has your knee buckled or given way at least once in the past 3 months?

V0KBUCK

1 ○ Yes
0 ○ No
8 ○ Don't know/Refused

Go to Question #22.

(18) Which knee buckled or gave way at least once?

V0KBS 1 ○ Right knee 2 ○ Left knee 3 ○ Both knees 8 ○ Don't know which knee/Refused

(19) Counting all times and both knees, how many times in the past 3 months have your knees buckled?

V0KBTOT

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

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

V0FALL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

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

V0WLK ○ Walking
V0STAIRB ○ Going up or down stairs
V0TWIST ○ Twisting or turning
V0KBOT ○ Other ***(Please specify: ____________________)***
V0KBDK ○ Don't know/Refused

Knee Injury and/or Surgery

MOST ID #	Acrostic

Right Knee

22. Have you ever injured your right knee badly enough to limit your ability to walk for at least two days?

V0LAR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

How old were you when you injured your knee?
(Interviewer Note: If more than once, record age when each injury occurred.)

V0WAG1R ☐☐ years old **V0R_INJYR**

V0WAG2R ☐☐ years old ○ Don't know V0WDKR

V0WAG3R ☐☐ years old

---

23. Have you ever had surgery in your right knee?

V0SURGR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Go to Question #29.

---

24. Did you have a right total knee replacement, where all or part of the joint was replaced?

V0R_TKR * 1 ○ Yes 0 ○ No

a. How old were you when you first had your right knee replaced?

V0KAG1R ☐☐ years old ○ Don't know V0KDKR **V0R_TKRYR**

b. Was this knee replacement surgery to repair an injury? **V0KINJR**

○ Yes ○ No ○ Don't know

* Variable is derived from self-report and radiographic adjudication.

Knee Injury and/or Surgery
(continued)

MOST ID #	Acrostic

(25) Did you have arthroscopy (where they put a scope) in your right knee?

V0ARTR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had the arthroscopy surgery?
(*Interviewer Note: If more than once, record age when each surgery occurred.)*

V0R_ARTYR

~~V0AAG1R~~ ☐☐ years old
~~V0AAG2R~~ ☐☐ years old
~~V0AAG3R~~ ☐☐ years old

○ Don't know ~~V0ADKR~~

b. Was this arthroscopy surgery to repair an injury?

V0AINJR 1 ○ Yes 0 ○ No 8 ○ Don't know

---

(26) Did you ever have a meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your right knee?

V0MENR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had this surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0R_MENYR

~~V0MAG1R~~ ☐☐ years old
~~V0MAG2R~~ ☐☐ years old
~~V0MAG3R~~ ☐☐ years old

○ Don't know ~~V0MDKR~~

b. Was this surgery to repair an injury?

V0MINJR 1 ○ Yes 0 ○ No 8 ○ Don't know

Knee Injury and/or Surgery
(continued)

MOST ID #	Acrostic

(27) Did you ever have a ligament repair in your right knee?

V0LIGR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had this ligament repair surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0R_LIGYR

~~V0LAG1R~~ ☐☐ years old

~~V0LAG2R~~ ☐☐ years old ○ Don't know ~~V0LDKR~~

~~V0LAG3R~~ ☐☐ years old

b. Was this ligament surgery to repair an injury?

V0LINJR 1 ○ Yes 0 ○ No 8 ○ Don't know

(28) Did you have another kind of surgery in your right knee?

V0SOTHR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. What kind of surgery was this? ____________________

○ Don't know V0SDK1R

b. How old were you when you had this surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0R_OTHYR

~~V0SAG1R~~ ☐☐ years old

~~V0SAG2R~~ ☐☐ years old ○ Don't know ~~V0SDKR~~

~~V0SAG3R~~ ☐☐ years old

c. Was this surgery to repair an injury?

V0SINJR 1 ○ Yes 0 ○ No 8 ○ Don't know

Left Knee

(29) Have you ever injured your left knee badly enough to limit your ability to walk for at least two days?

V0LAL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

How old were you when you injured your knee?
(Interviewer Note: If more than once, record age when each injury occurred.)

V0L_INJYR

~~V0WAG1L~~ ☐☐ years old ○ Don't know ~~V0WDKL~~

~~V0WAG2L~~ ☐☐ years old

~~V0WAG3L~~ ☐☐ years old

(30) Have you ever had surgery in your left knee?

V0SURGL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

Go to Question #36.

(31) Did you have a left total knee replacement, where all or part of the joint was replaced?

V0L_TKR * 1 ○ Yes 0 ○ No

a. How old were you when you first had your left knee replaced? V0L_TKRYR

~~V0KAG1L~~ ☐☐ years old ○ Don't know ~~V0KDKL~~

b. Was this knee replacement surgery to repair an injury? V0KINJL

1 ○ Yes 0 ○ No 8 ○ Don't know

* Variable is derived from self-report and radiographic adjudication.

Knee Injury and/or Surgery
(continued)

MOST ID #	Acrostic

(32) Did you have arthroscopy (where they put a scope) in your left knee?

V0ARTL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had this arthroscopy surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0L_ARTYR

~~V0AAG1L~~ ☐☐ years old
~~V0AAG2L~~ ☐☐ years old
~~V0AAG3L~~ ☐☐ years old

○ Don't know ~~V0ADKL~~

b. Was this arthroscopy surgery to repair an injury?

V0AINJL 1 ○ Yes 0 ○ No 8 ○ Don't know

---

(33) Did you ever have a meniscectomy (where they repaired or cut away a torn meniscus or cartilage) in your left knee?

V0MENL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had this meniscectomy surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0L_MENYR

~~V0MAG1L~~ ☐☐ years old
~~V0MAG2L~~ ☐☐ years old
~~V0MAG3L~~ ☐☐ years old

○ Don't know ~~V0MDKL~~

b. Was this meniscectomy surgery to repair an injury?

V0MINJL 1 ○ Yes 0 ○ No 8 ○ Don't know

Knee Injury and/or Surgery
(continued)

MOST ID #	Acrostic

(34) Did you ever have a ligament repair in your left knee?

V0LIGL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. How old were you when you had this ligament surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0LAG1L ☐☐ years old
V0LAG2L ☐☐ years old
V0LAG3L ☐☐ years old

V0L_LIGYR

○ Don't know V0LDKL

b. Was this surgery to repair an injury? V0LINJL
1 ○ Yes 0 ○ No 8 ○ Don't know

(35) Did you have another kind of surgery in your left knee?

V0SOTHL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

a. What kind of surgery was this? ____________________

○ Don't know V0SDK1L

b. How old were you when you had this surgery?
(Interviewer Note: If more than once, record age when each surgery occurred.)

V0SAG1L ☐☐ years old
V0SAG2L ☐☐ years old
V0SAG3L ☐☐ years old

V0L_OTHYR

○ Don't know V0SDKL

c. Was this surgery to repair an injury? V0SINJL
1 ○ Yes 0 ○ No 8 ○ Don't know

Hip Pain

MOST ID #	Acrostic

The next few questions are about your hip joints.

Right Hip

First I'll ask you about your right hip.

(36) 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.
(REQUIRED - Show Card #17.)

V0ANYR 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

(36a) During the past 30 days, have you had pain, aching, or stiffness in your right hip on most days?

V0HPN30R 1 ○ Yes 0 ○ No 8 ○ Don't know

Where is this pain, aching, or stiffness located?
(REQUIRED - Show Card #17. Please mark all that apply.)

V0GRINR ○ 1 Groin/inside leg near hip
V0OTLGR ○ 2 Outside of leg near hip
V0FRLGR ○ 3 Front of leg near hip **1 = YES**
V0BUTTR ○ 4 Buttocks
V0LWBKR ○ 5 Lower back
V0PNDKR ○ Don't know

Interviewer Note: Record that participant has right hip pain on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).

Left Hip

Now I'll ask you about your left hip.

(37) 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.
(REQUIRED - Show Card #17.)

V0ANYL 1 ○ Yes 0 ○ No 8 ○ Don't know/Refused

(37a) During the past 30 days, have you had pain, aching, or stiffness in your left hip on most days?

V0HPN30L 1 ○ Yes 0 ○ No 8 ○ Don't know

Where is this pain, aching, or stiffness located?
(REQUIRED - Show Card #17. Please mark all that apply.)

V0GRINL ○ 1 Groin/inside leg near hip
V0OTLGL ○ 2 Outside of leg near hip
V0FRLGL ○ 3 Front of leg near hip **1 = YES**
V0BUTTL ○ 4 Buttocks
V0LWBKL ○ 5 Lower back
V0PNDKL ○ Don't know

Interviewer Note: Record that participant has left hip pain on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).

38. Have you ever had a total hip replacement, where all or part of the joint was replaced?

~~V0THR~~ ○ Yes ○ No ○ Don't know/Refused

Go to Question #41.

39. Did you have your right hip replaced?

V0R_THR * [1] ○ Yes [0] ○ No

Why was your right hip replaced?
(Interviewer Note: Please mark all that apply.)

V0HFXR ○ Hip fracture

V0HOAR ○ Osteoarthritis or degenerative arthritis **1 = YES**

V0HOTR ○ Other ***(Please specify: ______________________)***

V0HDKR ○ Don't know

Interviewer Note: Record that participant has right hip replaced on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).

40. Did you have your left hip replaced?

V0L_THR * [1] ○ Yes [0] ○ No

Why was your left hip replaced?
(Interviewer Note: Please mark all that apply.)

V0HFXL ○ Hip fracture

V0HOAL ○ Osteoarthritis or degenerative arthritis **1 = YES**

V0HOTL ○ Other ***(Please specify: ______________________)***

V0HDKL ○ Don't know

Interviewer Note: Record that participant has left hip replaced on the Knee and Hip Exam form (page 19 in the Clinic Visit Workbook).

* Variable is derived from self-report and radiographic adjudication.

Shoe Heel Height

MOST ID #	Acrostic

1½ inch Heel Shoes

Now I want to talk with you about shoes you have worn. Please pay attention to the heel height, not the style of the shoes.

(Interviewer Note: Show women the woman's 1½ inch heel shoe, and show men the man's 1½ inch heel shoe.)

(41) This is a shoe with a one and a half-inch heel. During the past 30 days, have you worn shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How many days did you wear this type of shoe during the past 30 days?

☐☐ Number of days ○ Don't know

2 inch Heel Shoes

Interviewer Note:
- ***Men participants: Go to the Question #54 page 22.***
- ***Women participants: Show women the woman's two-inch heel shoe.***

(42) This is a shoe with a two-inch heel. During the past 30 days, have you worn shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How many days did you wear this type of shoe during the past 30 days?

☐☐ Number of days ○ Don't know

(43) Have you ever regularly worn shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

Go to Question #54 on page 22.

Shoe Heel Height
(continued)

MOST ID #	Acrostic

44 When you were in your twenties, did you wear shoes with heels this high or higher?

- ○ Yes
- ○ No
- ○ Don't know/Refused

How often did you wear this type of shoe in your twenties?
(REQUIRED - Show Card #18.)

- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

45 When you were in your thirties, did you wear shoes with heels this high or higher?

- ○ Yes
- ○ No
- ○ Don't know/Refused

How often did you wear this type of shoe in your thirties?
(REQUIRED - Show Card #18.)

- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

46 When you were in your forties, did you wear shoes with heels this high or higher?

- ○ Yes
- ○ No
- ○ Don't know/Refused

How often did you wear this type of shoe in your forties?
(REQUIRED - Show Card #18.)

- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

Shoe Heel Height
(continued)

MOST ID #	Acrostic

(47) When you were in your fifties, did you wear shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How often did you wear this type of shoe in your fifties?
(REQUIRED - Show Card #18.)

○ All the time
○ Most of the time
○ Some of the time
○ A little of the time
○ Don't know

3-inch Heel Shoes

(Interviewer Note: Show women the woman's three-inch heel shoe.)

(48) This is a shoe with a three-inch heel. During the past 30 days, have you worn shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How many days did you wear this type of shoe during the past 30 days?

[ ][ ] Number of days ○ Don't know

(49) Have you ever regularly worn shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

Go to the Question #54 page 22.

Shoe Heel Height
(continued)

MOST ID #	Acrostic

50) When you were in your twenties, did you wear shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How often did you wear this type of shoe in your twenties?
(REQUIRED - Show Card #18.)
- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

51) When you were in your thirties, did you wear shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How often did you wear this type of shoe in your thirties?
(REQUIRED - Show Card #18.)
- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

52) When you were in your forties, did you wear shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How often did you wear this type of shoe in your forties?
(REQUIRED - Show Card #18.)
- ○ All the time
- ○ Most of the time
- ○ Some of the time
- ○ A little of the time
- ○ Don't know

Shoe Heel Height (continued) and Medication Use Interview

(53) When you were in your <u>fifties</u>, did you wear shoes with heels this high or higher?

○ Yes ○ No ○ Don't know/Refused

How often did you wear this type of shoe in your fifties?
(REQUIRED - Show Card #18.)

○ All the time
○ Most of the time
○ Some of the time
○ A little of the time
○ Don't know

Medication Use Interview

(54) <u>Not counting multi-vitamins</u>, are you currently taking any of the following specific vitamins every day or almost every day?

a) Vitamin E

○ Yes → 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

○ No

b) Vitamin C

○ Yes → 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

○ No

Medication Use Interview (continued)

MOST ID #	Acrostic

(55) Have you ever taken a bisphosphonate medication to treat osteoporosis or Paget's disease? This includes the following medications: alendronate (Fosamax), Risedronate (Actonel), etidronate (Didronel), clodronate, ibandronate, Pamidronate (Aredia), or tiludronate (Skelid).
(Interviewer Note: Refer to Card #19 for pronunciation. Do Not Show Card to participants.)

○ Yes ○ No ○ Don't know/Refused

No / Don't know/Refused → Go to Question #56.

Yes →

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

☐☐ years

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

(Female Participants only)

(56) Since menopause, have you taken estrogen or female hormone pills by mouth, such as Premarin, Ogen, or Estrace?

○ Yes ○ No ○ Don't know/Refused

No / Don't know/Refused → Go to Question #57.

Yes →

a. How old were you when you started taking estrogen or female hormone pills? If you are unsure, please make your best guess.

☐☐ years old

b. For how many years did you take estrogen or female hormone pills by mouth every day or nearly every day? If you are unsure, please make your best guess.

☐☐ years

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

MOST ID #	Acrostic

Medication Inventory Form

(57) Did the participant bring in or identify ALL prescription and over-the-counter medications that they took during the last 30 days?

V0MEDS

○ All ○ Some ○ None ○ Took None

Total number recorded: [ ][ ] V0NUM 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.

V0MNUM **Med #** [ ][ ] V0FRMCODE **Formulation code:** [ ][ ]

V0NAME

Name: [ ]

V0DUR **Duration of use:** ○ < 1 month ○ 1 month to < 1 year ○ 1 to < 3 years ○ 3 to < 5 years ○ ≥ 5 years ○ Don't know

V0RX **Prescription?** ○ Yes ○ No **Frequency?** ○ As Needed ○ Reg V0FREQ

V0SAME	V0CHONDR	V0FLUOR	V0RALOX
V0ALENDR	V0CSTERD	V0GLCSMN	V0RISEDR
V0ANALGS	V0COXII	V0HYALUR	V0SALICY
V0BISPHOS	V0MSM	V0NARCAN	V0TPTD
V0CALCIT	V0DOXY	V0NSAID	V0VITMND
V0CALCUM	V0ESTROG	V0PROGST	V0OSTEOP

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

Baseline Clinic Visit

MOST ID #	Acrostic	Date Form Completed	Staff ID#
		/ / V0_DATEDIFF	

Procedure Checklist

Measurement	Page #	Completed	Partially completed	Participant refused	Not done/ Not applicable
Self-administered Home Questionnaire completed/checked		○	○	○	○
Self-administered Clinic Questionnaire completed/checked		○	○	○	○
Clinic Interview Workbook administered		○	○	○	○
Blood Pressure	2	○	○	○	○
Standing Height	3	○	○	○	○
Weight	3	○	○	○	○
Specimen Collection	4	○	○	○	○
Laboratory Processing	5	○	○	○	○
20-meter Walk	6	○	○	○	○
Chair Stands	7	○	○	○	○
Isokinetic Strength (Cybex)	9	○	○	○	○
Leg Length	14	○	○	○	○
Knee Height	14	○	○	○	○
Laxity	15	○	○	○	○
Proprioception	16	○	○	○	○
Hand Examination	18	○	○	○	○
Knee and Hip Examinations	19	○	○	○	○
Knee Flexion Contracture	26	○	○	○	○
Bone Density (DXA)	27	○	○	○	○
		Completed	**Scheduled**	**Participant refused**	**Not eligible/ Not applicable**
Knee X-ray	28	○	○	○	○
OrthOne 1.0 T Knee MRI	29	○	○	○	○
1.5 T Knee MRI	34	○	○	○	○
		Yes	**Not eligible**		**Participant refused**
Participant eligible for confirmatory joint exam? (See pages 24 and 25.)		○	○		○

Blood Pressure

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

1. What cuff size was used?

V0CUFF ○ Small ○ Regular ○ Large ○ Thigh

2. What arm was used to take the blood pressure?
   (Examiner Note: Use the right arm unless there are contraindications.)

V0ARM ○ Right ○ Left

Pulse Obliteration Level: Complete only if using a sphgmomanometer.

3. Palpated Systolic V0LEVEL ☐☐☐ mm Hg

+ 30 *

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

Maximal Inflation Level ** (MIL) V0MIL ☐☐☐ mm Hg

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

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

V0STOP ○ Yes ○ No

4. **V0SBP** Systolic ☐☐☐ mm Hg

V0DBP Diastolic ☐☐☐ mm Hg

5. Is the participant's blood pressure greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic)?

V0BPGT199 1 ○ Yes 0 ○ No

Examiner Note: Record that participant's blood pressure is greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic) on the Isokinetic Strength (Cybex) data collection form (page 9, Question # 1 in the Clinic Visit Workbook).

Standing Height

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

Measure participant's height without shoes. Use the required breathing technique during each measurement. For all repeat measurements, have the participant step away from the stadiometer, then step back into the measurement position.

V0HT

V0WT

V0BMI

1. Is the participant standing sideways due to kyphosis?

   V0KYPHO ○ Yes ○ No

2. Measurement 1 ☐☐☐☐ mm V0HT1

3. Measurement 2 ☐☐☐☐ mm V0HT2

4. Difference between Measurement 1 & Measurement 2 ☐☐ mm V0DIFF

5. Is the difference between Measurement 1 and Measurement 2 greater than 3 mm?

   V0DIFF2 ○ Yes → Complete Measurement 3 and Measurement 4 below.

   ○ No → Go to Weight.

6. Measurement 3 ☐☐☐☐ mm V0HT3

7. Measurement 4 ☐☐☐☐ mm V0HT4

V0HTSID

Staff ID# ☐☐☐

Weight

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

V0WTSID

V0WGHT ☐☐☐.☐ kg

Staff ID# ☐☐☐

Specimen Collection

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

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

a. Date: Month / Day

b. Time: Hours : Minutes ○ am ○ pm

c. How many hours has participant fasted? Hours

(Note: Proceed with the blood draw even if participant has not fasted.)

2 Do you bleed or bruise easily?
○ Yes ○ No ○ Don't know/Refused

3 Have you ever been told you have a disorder related to blood clotting or coagulation?
○ Yes ○ No ○ Don't know/Refused

4 Have you ever had a shunt or port for kidney dialysis?
○ Yes ○ No ○ Don't know/Refused

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

5 Have you ever had a radical mastectomy? ***(Female participants only.)***
○ Yes ○ No ○ Don't know/Refused

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

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

7 **Bar Code Label**

Enter ID from Bar Code label:

8 Was any blood drawn?
○ Yes ○ No → Please describe why not: ____________

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

Tube	Volume	Filled to Capacity
1. EDTA	7mL	○ Yes ○ No
2. Serum	15mL	○ Yes ○ No
3. EDTA	7mL	○ Yes ○ No
4. Serum	15mL	○ Yes ○ No

Time of blood draw: Hours : Minutes ○ am ○ pm

9 Was any urine collected?
○ Yes ○ No → Please describe why not: ____________

Time of urine collection: Hours : Minutes ○ am ○ pm

10 Comments on blood or urine collection:

Laboratory Processing

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

Time at start of processing: __ __ : __ __ Hours Minutes ○ am ○ pm

Bar Code Label

Enter ID from Bar Code label:

Collection Tubes	Cryo #	Vol.	Type	Condition of cryovial (mark only one)				
#1 and #3 EDTA plasma								
-supernatant	01	0.5	Y/2.0	○ OK	○ H	○ P	○ B	○ not filled
-supernatant	02	0.5	Y/2.0	○ OK	○ H	○ P	○ B	○ not filled
Ending time of vortexing: __ __ : __ __ Hours Minutes ○ am ○ pm								
-plasma	03	1.0	V/2.0	○ OK	○ H	○ P	○ B	○ not filled
-plasma	04	1.0	V/2.0	○ OK	○ H	○ P	○ B	○ not filled
-plasma	05	1.0	V/2.0	○ OK	○ H	○ P	○ B	○ not filled
-plasma	06	1.0	V/2.0	○ OK	○ H	○ P	○ B	○ not filled
-plasma	07	1.0	V/2.0	○ OK	○ H	○ P	○ B	○ not filled
-buffy coat	08	var	W/2.0	○ OK	○ H	○ P	○ B	○ not filled
Ending time of EDTA processing: __ __ : __ __ Hours Minutes ○ am ○ pm								

Did participant consent to DNA/genetic testing?

○ Yes ○ No

Do NOT collect buffy coat sample.

Collection Tubes	Cryo #	Vol.	Type	Condition of cryovial (mark only one)				
#2 and #4 serum								
-serum	09	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	10	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	11	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	12	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	13	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	14	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	15	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	16	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	17	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	18	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	19	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	20	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	21	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
-serum	22	1.0	R/2.0	○ OK	○ H	○ P	○ B	○ not filled
Ending time of serum processing: __ __ : __ __ Hours Minutes ○ am ○ pm								

BRI use only:
Received Date:________
Time:____________

H=Hemolyzed
P=Partial
B=Both
Y=Yellow
V=Violet
W=White
R=Red
C=Clear

Collection Tubes	Cryo #	Vol.	Type	Condition of cryovial (mark only one)		
Urine						
-urine	23	1.5	C/2.0	○ OK	○ P	○ not filled
-urine	24	1.5	C/2.0	○ OK	○ P	○ not filled
-urine	25	1.5	C/2.0	○ OK	○ P	○ not filled

20-Meter Walk

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

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?"

V0_STEP

V0_WALKT

"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 — **V0WALK1**

- 1 ○ Done — **V0STEP1** [ ][ ] Steps — **V0WALKT1** [ ][ ] . [ ][ ] Second Hundredths/Sec
- 7 ○ Participant refused → Stop test. Go to next exam.
- 2 ○ Not attempted, unable → Stop test. Go to next exam.
- 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 — **V0WALK2**

- 1 ○ Done — **V0STEP2** [ ][ ] Steps — **V0WALKT2** [ ][ ] . [ ][ ] Second Hundredths/Sec
- 7 ○ Participant refused → Stop test. Go to next exam.
- 2 ○ Not attempted, unable → Stop test. Go to next exam.
- 3 ○ Attempted, unable to complete → Stop test. Go to next exam.

3 Was the participant using a walking aid, such as a cane? 1 ○ Yes 0 ○ No **V0AID**

Chair Stands

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

Single Chair Stand

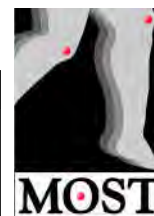
Directions:
"This is a test of strength in your legs in which you stand up without using your arms."
(Examiner Note: Demonstrate and say:) "Fold your arms across your chest, like this, and stand when I say 'Go,' keeping your arms in this position. OK?"

"Ready, Go!"

(1) Single Chair Stand **V0CHAIR**

- **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.

Chair Stands (cont.)



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

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) Trial 1 **V0TR1**
- 1 ○ Completes 5 stands without using arms → ☐☐.☐☐ **V0CTIME1** 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 → ☐ **V0NUM1** Number completed without using arms

(3) "OK. I'd like you to rest a couple of minutes and we will try to do that one more time. Can you do that?"
(Examiner Note: Wait 2 minutes and then repeat the Repeated Chair Stands.) **V0_CTIME**

"Ready, Go!"

Trial 2 **V0TR2**
- 1 ○ Completes 5 stands without using arms → ☐☐.☐☐ **V0CTIME2** 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 → ☐ ~~V0NUM2~~ Number completed without using arms

Isokinetic Strength (Cybex)

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

Exclusion Criteria

1. Is the participant's blood pressure greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic)?
   (Examiner Note: Refer to Blood Pressure form, page 2.)
   - ○ Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.
   - ○ No
   - ○ Don't know/Refused

Script: "First I need to ask you a few questions to see if you should do this test."

2. Has a doctor ever told you that you had an aneurysm in the brain?
   - ○ Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.
   - ○ No
   - ○ Don't know/Refused

---

3. Has a doctor told you that you had a cerebral hemorrhage (bleeding in the brain) in the last six months?
   - ○ Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.
   - ○ No
   - ○ Don't know/Refused

---

4. Have you had either of your knees replaced in the past 3 months?
   - ○ Yes → Which knee was replaced?
     - ○ Right → If no other exclusions test left leg.
     - ○ Left → If no other exclusions test right leg.
     - ○ Both knees → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.
   - ○ No
   - ○ Don't know/Refused

Isokinetic Strength (cont.)

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

⑤ Have you had either of your hips replaced in the past 3 months?

○ Yes ○ No ○ Don't know/Refused

Which hip was replaced?

○ Right → If no other exclusions test left leg.

○ Left → If no other exclusions test right leg.

○ Both hips → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.

⑥ Within the past 3 months, have you had back surgery?

○ Yes ○ No ○ Don't know/Refused

Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.

⑦ Within the past 6 weeks, have you had a heart attack?

○ Yes ○ No ○ Don't know/Refused

Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.

⑧ Within the past 6 weeks, have you had cataract surgery?

○ Yes ○ No ○ Don't know/Refused

Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.

⑨ Do you have a hernia in your groin that has not been operated on?

○ Yes ○ No ○ Don't know/Refused

Yes → Do NOT test. Go to Question #12 on page 11 and Question #15 on page 12.

Isokinetic Strength (cont.)

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

10 Manual Positioning Settings

a. Chair Back Angle [8 5] °

V0SETB b. Chair Seat Fore/Aft Position (range 0-8) [ ]

V0SETC c. Chair Back Translation (range A-P) [ ]

d. Dynamometer Tilt [0] °

e. Dynamometer Height (range 0-10) [ ] V0SETE

f. Knee/Hip Adapter (range 15-38) [ ][ ] V0SETF

g. Inner Tube (range 27-41) [ ][ ] V0SETG

h. Outer Tube (range A-K) [ ] V0SETH

11 Record MaxGET for left leg. [ ][ ] V0MGETL

12 Was the flexion/extension test performed on the left leg?

V0TESTL

1 ○ Yes

a. Was the entire set completed? V0DONEL

1 ○ Yes 0 ○ No

How many extension/flexion sets were completed? [ ] V0NUML

b. What were the highest four torques?

	Flexion		Extension	
V0FLX1L	[ ][ ][ ] Nm	V0EXT1L	[ ][ ][ ] Nm	V0L_FLXMAX
V0FLX2L	[ ][ ][ ] Nm	V0EXT2L	[ ][ ][ ] Nm	V0L_EXTMAX
V0FLX3L	[ ][ ][ ] Nm	V0EXT3L	[ ][ ][ ] Nm	V0L_HSQ
V0FLX4L	[ ][ ][ ] Nm	V0EXT4L	[ ][ ][ ] Nm	

0 ○ No

Why wasn't the test done?
(Examiner Note: Mark all that apply.)

○ Participant excluded based on eligibility criteria V0EXCLL

○ Participant refused V0REFUL

○ Stopped test due to participant discomfort or exclusion V0STOPL

○ Other ***(Please specify:*** ______________ V0COTHL ______________ ***)***

Isokinetic Strength (cont.)

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

13 "Did you have any knee pain during this test?"
V0PAINL
1 ○ Yes 0 ○ No

a. Was it mild, moderate, or severe? V0MILDL
1 ○ Mild
2 ○ Moderate
3 ○ Severe
8 ○ Don't know

b. Did this pain prevent you from pushing or pulling as hard as you can? V0PUSHL
1 ○ Yes
0 ○ No
8 ○ Don't know

14 Record MaxGET for right leg. ☐☐ ~~V0MGETR~~

15 Was the flexion/extension test performed on the right leg? V0TESTR
1 ○ Yes 0 ○ No

If Yes:

a. Was the entire set completed? V0DONER
1 ○ Yes 0 ○ No

How many extension/flexion sets were completed? ☐ ~~V0NUMR~~

b. What were the highest four torques?

	Flexion		Extension	
V0FLX1R	☐☐☐ Nm		☐☐☐ Nm	V0EXT1R
V0FLX2R	☐☐☐ Nm		☐☐☐ Nm	V0EXT2R
V0FLX3R	☐☐☐ Nm		☐☐☐ Nm	V0EXT3R
V0FLX4R	☐☐☐ Nm		☐☐☐ Nm	V0EXT4R

If No:

Why wasn't the test done?
(Examiner Note: Mark all that apply.)
○ Participant excluded based on eligibility criteria V0EXCLR
○ Participant refused V0REFUR
○ Stopped test due to participant discomfort or exclusion V0STOPR
○ Other ***(Please specify:*** ______________________ ***)*** V0COTHR

V0R_FLXMAX

V0R_EXTMAX

V0R_HSQ

Isokinetic Strength (cont.)

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

(16) "Did you have any knee pain during this test?"

1 ○ Yes   0 ○ No   **V0PAINR**

a. Was it mild, moderate, or severe?

1 ○ Mild
2 ○ Moderate
3 ○ Severe
8 ○ Don't know

V0MILDR

b. Did this pain prevent you from pushing or pulling as hard as you can?

1 ○ Yes
0 ○ No
8 ○ Don't know

V0PUSHR

Leg Length

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

1. Has the participant had abdominal surgery that left the belly button off the mid-line of the body?

~~V0BELLY~~ ○ Yes ○ No

Yes → Do not measure either leg. Go to next exam.

2. Has the participant had an above- or below-the-knee amputation?

~~V0AMP~~ ○ Yes ○ No

Yes → Which leg was amputated?

~~V0AMPS~~ ○ Right → Measure left leg. ○ Left → Measure right leg. ○ Both → Do not measure either leg.

3. Right leg length: ☐☐☐.☐ cm **V0LLR**

4. Left leg length: ☐☐☐.☐ cm **V0LLL**

~~V0LLSID~~ Staff ID# ☐☐☐

Knee Height

Right leg is measured unless the left leg is obviously longer than the right leg or if the right leg cannot be measured for some other reason (e.g., cast, sores, etc.).

1. Which leg is being measured? 1 ○ Right 2 ○ Left **V0KHLEG**

2. Measurement 1 ☐☐.☐ cm ~~V0KHT1~~

3. Measurement 2 ☐☐.☐ cm ~~V0KHT2~~

4. Difference between Measurement 1 & Measurement 2 .☐ cm ~~V0KDIFF~~

5. Is the difference between Measurement 1 and Measurement 2 greater than .4 cm?

~~V0DIFF4~~ ○ Yes ○ No

Yes → Complete Measurement 3 and Measurement 4 below.

No → Go to next exam.

V0KHT

6. Measurement 3 ☐☐.☐ cm ~~V0KHT3~~

7. Measurement 4 ☐☐.☐ cm ~~V0KHT4~~

~~V0BELLY~~ Staff ID# ☐☐☐

Laxity

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

Script: "This is a test to see how much side to side motion you have at each of your knees. You will be sitting on this bench and I will be moving your knee gently side to side ***(can demonstrate the movement with your hands as you say this)***. Only a small amount of movement occurs in this direction at the knee. This bench allows us to measure it carefully. This test is not painful."

Participant sits on their left side of the bench with their back leaning against the wall. Ask participant to bring their right leg into the thigh and ankle cushioned restraints. The superior pole of the patella should be level with the bottom edge of the thigh restraint. The tibial tubercle should be pointing straight up.

After the Participant is positioned ask: "Are you comfortable?"
If Participant responds "yes," then say, "Your only job for this test is to keep your muscles relaxed and loose."

1. Right knee:

Starting position: ___ °	Script: "I'm now going to check the movement for this knee in the other direction."
Lateral	Medial
Trial 1 ___ °	Trial 1 ___ °
Trial 2 ___ °	Trial 2 ___ °
Trial 3 ___ °	Trial 3 ___ °
Trial 4 ___ °	Trial 4 ___ °

Script: "I'm now going to check the movement in the same two directions in the left knee. Remember, your job is to keep your knee as relaxed as you can."

2. Left knee:

Starting position: ___ °	Script: "I'm now going to check the movement for this knee in the other direction."
Lateral	Medial
Trial 1 ___ °	Trial 1 ___ °
Trial 2 ___ °	Trial 2 ___ °
Trial 3 ___ °	Trial 3 ___ °
Trial 4 ___ °	Trial 4 ___ °

Proprioception

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

① Which foot do you or did you prefer to kick a ball with?

V0FOOT

1 O Right foot → Attach electrogoniometer to right leg.

2 O Left foot → Attach electrogoniometer to left leg.

8 O Don't know/Refused → Attach electrogoniometer to right leg.

② Angle from leg dangling (0°) to full knee extension: ☐☐ °

~~V0ANGLE~~

③ Was additional tape used to attach the endblocks?

~~V0TAPE~~ O Yes O No O Refused

Proprioception
(cont.)

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

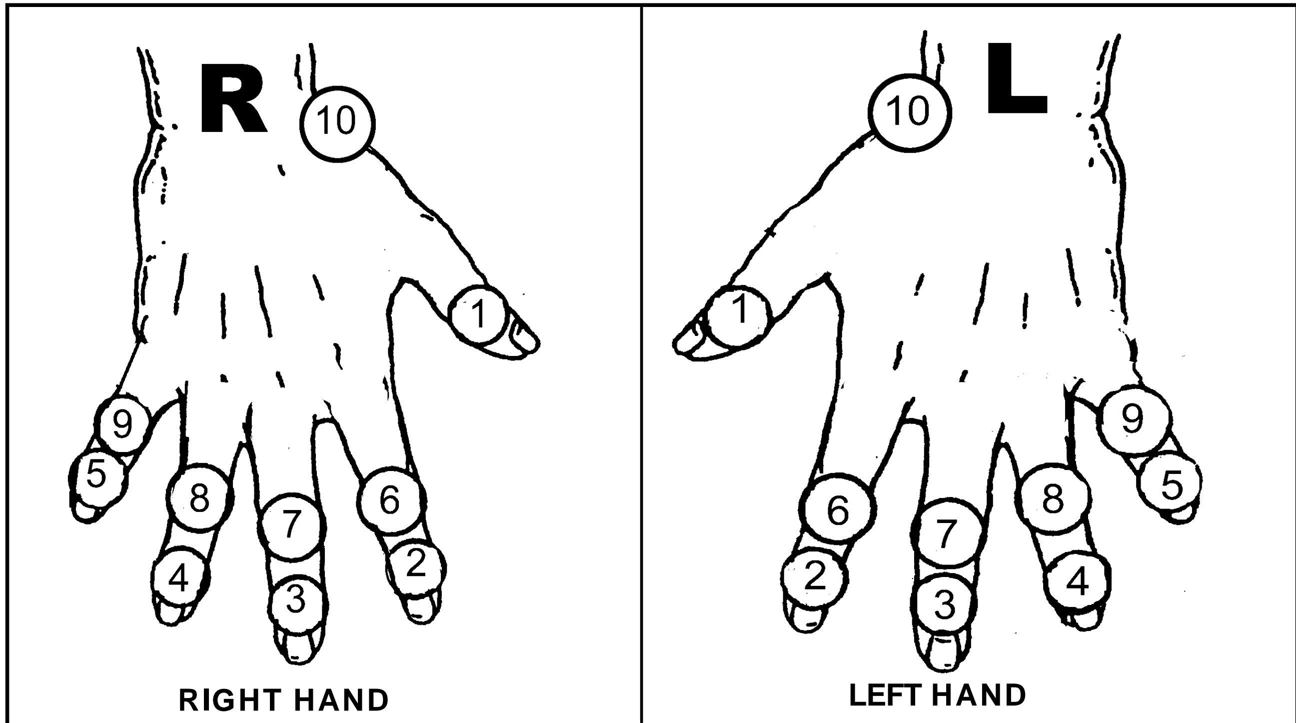
4. Which leg is being tested?

○ Right leg ○ Left leg

Practice Sessions	Test Angle (5 sec): Angle held longest (OR if much drift: record low value of range.)	Test Angle (5 sec): (If much drift: record high value of range.)	Reproduced Angle (3 sec): Angle held longest (OR if much drift: record low value of range.)	Reproduced Angle (3 sec): (If much drift: record high value of range.)	Refused	Not Attempted/ Unable	Attempted, unable to complete
1 (30-40°)					○	○	○
2 (15-25°)					○	○	○
Test Sessions							
1 (35-45°)	°	°	°	°	○	○	○
2 (15-25°)	°	°	°	°	○	○	○
3 (>45°)	°	°	°	°	○	○	○
4 (5-15°)	°	°	°	°	○	○	○
5 (25-35°)	°	°	°	°	○	○	○
6 (15-25°)	°	°	°	°	○	○	○
7 (35-45°)	°	°	°	°	○	○	○
8 (5-15°)	°	°	°	°	○	○	○
9 (> 45°)	°	°	°	°	○	○	○
10 (25-35°)	°	°	°	°	○	○	○

Hand Examination

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



V0NORH 1○ Right hand was not examined

V0NOLH 1○ Left hand was not examined

V0R_HJOA

V0L_HJOA

Right Joint/Hand	Normal	Bony enlargement	Uncertain *	Unable to examine	Left Joint/Hand	Normal	Bony enlargement	Uncertain *	Unable to examine
1 V0H1R	1○	2○	3○	8○	1 V0H1L	1○	2○	3○	8○
2 V0H2R	○	○	○	○	2 V0H2L	○	○	○	○
3 V0H3R	○	○	○	○	3 V0H3L	○	○	○	○
4 V0H4R	○	○	○	○	4 V0H4L	○	○	○	○
5 V0H5R	○	○	○	○	5 V0H5L	○	○	○	○
6 V0H6R	○	○	○	○	6 V0H6L	○	○	○	○
7 V0H7R	○	○	○	○	7 V0H7L	○	○	○	○
8 V0H8R	○	○	○	○	8 V0H8L	○	○	○	○
9 V0H9R	○	○	○	○	9 V0H9L	○	○	○	○
10 V0H10R	○	○	○	○	10 V0H10L	○	○	○	○

**If uncertain on two or more joints per hand, obtain consensus with another examiner for all joints on that hand.*

V0R_HJMIS

V0L_HJMIS

Knee and Hip Examinations

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

MOST

BOX 1. SELF-REPORT KNEE and HIP PAIN

(Examiner Note: Refer to Clinic Interview Workbook. Please mark ALL that apply.)

A. Clinic Interview Question # 13a.	**Right knee**	O Yes	O No	O Don't know/Refused
B. Clinic Interview Question # 15a.	**Left knee pain**	O Yes	O No	O Don't know/Refused
C. Clinic Interview Question # 36a.	**Right hip pain**	O Yes	O No	O Don't know/Refused
D. Clinic Interview Question # 37a.	**Left hip pain**	O Yes	O No	O Don't know/Refused
E. Clinic Interview Question # 39.	**Right hip replaced**	O Yes	O No	O Don't know/Refused
F. Clinic Interview Question # 40.	**Left hip replaced**	O Yes	O No	O Don't know/Refused

EXAM ELIGIBILITY

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

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

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

- O Yes → Perform ONLY hip exams (asterisked[*]). (Exams# *1, *8, *14, *15, *17, *18)
- O No → STOP. Go to next exam.

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

Exam		Exam done?	"Is this tender or painful?"
* (1) **Trochanteric bursitis** Has the participant had a right hip replacement? ***(Refer to Box 1, letter E above. Mark "Yes" if "Yes" on E. Mark "No" otherwise.)***	O No → O Yes → Do NOT perform right trochanteric bursitis exam.	O Done → O Not done O Refused	O Yes O No
(2) **Iliotibial band**		O Done → O Not done O Refused	O Yes O No

MOST Baseline
Clinic Visit
Version 1.1p Mar 2010

Knee and Hip Examinations (cont.)

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

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

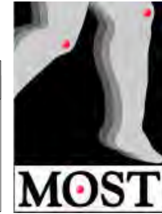
Exam		Exam done?	"Is this tender or painful?"
3 **Anserine bursa**		○ Done → ○ Not done ○ Refused	○ Yes ○ No
4 **Medial tibiofemoral joint line**		○ Done → ○ Not done ○ Refused	○ Yes ○ No
5 **Lateral tibiofemoral joint line**		○ Done → ○ Not done ○ Refused	○ Yes ○ No
6 **Patellar tenderness**		○ Done → ○ Not done ○ Refused	○ Yes ○ No
7 **Medial knee fat pad tenderness**		○ Done → ○ Not done ○ Refused	○ Yes ○ No
*8 **Hip internal rotation pain** Has the participant had a right hip replacement? ***(Refer to Box 1, letter E on page 19. Mark "Yes" if "Yes" on E. Mark "No" otherwise.)***	○ No → ○ Yes ↓ Do NOT perform right hip pain exam.	○ Done → ○ Not done ○ Refused	**"Is this tender or painful in your hip?"** ○ Yes ○ No ↓ Where does it hurt? ***(Show Card # 20. 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

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

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

Exam	Exam done?	"Is this tender or painful?"
(9) **Anserine bursa**	O Done → O Not done O Refused	O Yes O No
(10) **Medial tibiofemoral joint line**	O Done → O Not done O Refused	O Yes O No
(11) **Lateral tibiofemoral joint line**	O Done → O Not done O Refused	O Yes O No
(12) **Patellar tenderness**	O Done → O Not done O Refused	O Yes O No
(13) **Medial knee fat pad tenderness**	O Done → O Not done O Refused	O Yes O No
*(14) **Hip internal rotation <u>pain</u>** Has the participant had a <u>left</u> hip replacement? ***(Refer to Box 1, letter F on page 19. Mark "Yes" if "Yes" on F. Mark "No" otherwise.)*** O No → O Yes ↓ Do NOT perform <u>left</u> hip pain exam.	O Done → O Not done O Refused	**"Is this tender or painful in your hip?"** O Yes O No Where does it hurt? ***(Show Card # 20, Mark <u>all</u> that apply.)*** O **1 Groin/inside leg near hip** O 2 Outside of leg near hip O **3 Front of leg near hip** O 4 Buttocks O 5 Lower back O Don't know

Knee and Hip Examinations (cont.)



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

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

Exam		Exam done?	"Is this tender or painful?"
*15 **Trochanteric bursitis** Has the participant had a left hip replacement? ***(Refer to Box 1, letter F on page 19. Mark "Yes" if "Yes" on F. Mark "No" otherwise.)***	O No → O Yes ↓ Do NOT perform left trochanteric bursitis exam.	O Done → O Not done O Refused	O Yes O No
16 **Iliotibial band**		O Done → O Not done O Refused	O Yes O No

Hip internal rotation exams: *Participant is sitting.*

Exam		Exam done?	How many degrees was the limit of motion?
*17 **Right hip internal rotation** Has the participant had a right hip replacement? ***(Refer to Box 1, letter E on page 19. Mark "Yes" if "Yes" on E. Mark "No" otherwise.)***	O No → O Yes ↓ Do NOT perform right hip exam.	O Done → O Not done O Refused	☐☐☐ degrees
*18 **Left hip internal rotation** Has the participant had a left hip replacement? ***(Refer to Box 1, letter F on page 19. Mark "Yes" if "Yes" on F. Mark "No" otherwise.)***	O No → O Yes ↓ Do NOT perform left hip exam.	O Done → O Not done O Refused	☐☐☐ degrees

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

Tenderpoint exams: *Participant is sitting.*

(19) Was pain present during either the right or left medial knee fat pad exams # 7 and/or # 13?

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

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

Knee and Hip Examinations (cont.)

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

Eligibility for Physician Confirmatory Examination

I. RIGHT hip exam

Are one or more of the following conditions met?
*Exam #8 Pain location 1 or 3 are marked, or
*Exam #17 degree of motion is less than 105 degrees.

○ Yes ○ No → Go to II.

Is item A **(right knee pain)** or C **(right hip pain)** in BOX 1 (p19) marked **"Yes"**?

○ Yes ○ No → Go to II.

Refer for physician exam. **STOP.**

II. LEFT hip exam

Are one or more of the following conditions met?
*Exam #14 Pain location 1 or 3 are marked, or
*Exam #18 degree of motion is less than 105 degrees.

○ Yes ○ No → Go to III.

Is item B **(left knee pain)** or D **(left hip pain)** in BOX 1 (p19) marked **"Yes"**?

○ Yes ○ No → Go to III.

Refer for physician exam. **STOP.**

Knee and Hip Examinations (cont.)

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

Eligibility for Physician Confirmatory Examination

III. RIGHT knee exam

Is exam #4, 5, or 6 marked "**Yes**"?
- ○ Yes → Go to IV.
- ○ No → Is exam #2 or 3 marked "**Yes**"?
  - ○ Yes → Is item A **(right knee pain)** in BOX 1 (p19) marked "**Yes**"?
  - ○ No → Are exams #7, 19a, 19b, 19c & 19d ALL marked "**Yes**"?
    - ○ Yes → Is item A **(right knee pain)** in BOX 1 (p19) marked "**Yes**"?
    - ○ No → Go to IV.

Is item A **(right knee pain)** in BOX 1 (p19) marked "**Yes**"?
- ○ Yes → Refer for physician exam. **STOP.**
- ○ No → Go to IV.

IV. LEFT knee exam

Is exam #10,11, or 12 marked "**Yes**"?
- ○ Yes → **STOP.**
- ○ No → Is exam #9 or 16 marked "**Yes**"?
  - ○ Yes → Is item B **(left knee pain)** in BOX 1 (p19) marked "**Yes**"?
  - ○ No → Are exams #13, 19a, 19b, 19c & 19d ALL marked "**Yes**"?
    - ○ Yes → Is item B **(left knee pain)** in BOX 1 (p19) marked "**Yes**"?
    - ○ No → **STOP.** Go to next exam.

Is item B **(left knee pain)** in BOX 1 (p19) marked "**Yes**"?
- ○ Yes → Refer for physician exam. **STOP.**
- ○ No → **STOP.** Go to next exam.

Knee Flexion Contracture

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

Examiner Note: Participant is lying supine on DXA table with skin in front and behind knees exposed.

Right knee

Script: "Please straighten out your right knee as much as you can."

① Able to touch back of right knee to the table.

○ Yes ○ No

Does the ruler touch the back of the right knee?

○ Yes ○ No

Left knee

Script: "Please straighten out your left knee as much as you can."

② Able to touch back of left knee to the table.

○ Yes ○ No

Does the ruler touch the back of the left knee?

○ Yes ○ No

DXA Bone Density

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

1. Have you ever had a hip surgery for joint replacement or fracture repair?
   - ○ Yes
   - ○ No → Scan **right** hip
   - ○ Refused

   On which side did you have hip surgery?
   - ○ Right → Scan **left** hip
   - ○ Left → Scan **right** hip
   - ○ Both → Do NOT scan either hip

2. Do you have any metal objects or implants in your body, such as a pacemaker, staples, screws, plates, breast implants etc.?
   - ○ Yes ○ No ○ Don't Know ○ Refused

   a. Flag scan for review by DXA Reading Center.

   b. Indicate the location of the artifacts. (Sub regions are those defined by the whole body scan analysis, e.g., left breast implant is in left ribs, left hip replacement is in pelvis and left leg.)

Sub regions	Hardware	Other Artifacts
i. Head	○	○
ii. Left arm	○	○
iii. Right arm	○	○
iv. Left ribs	○	○
v. Right ribs	○	○
vi. Thoracic spine	○	○
vii. Lumbar spine	○	○
viii. Pelvis	○	○
ix. Left Leg	○	○
x. Right leg	○	○

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

	Yes	No
a. Barium enema	○ *	○
b. Upper GI X-ray series	○ *	○
c. Lower GI X-ray series	○ *	○
d. Nuclear medicine scan	○ *	○
e. Other tests using contrast ('dye') or radioactive materials	○ *	○

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

4. Was a bone density measurement obtained for . . .

   a. Whole body?
   - ○ Yes
   - ○ No → Reason: ______

   Last 2 characters of scan ID #: [ ][ ]

   Date of scan: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

   b. Hip?
   - ○ Yes
   - ○ No → Reason:
     - ○ Metal in hip
     - ○ Severe degenerative disease
     - ○ Other *(Please specify:* ______ *)*

   Last 2 characters of scan ID #: [ ][ ]

   Date of scan: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

   Which hip was scanned? ○ Right ○ Left

Knee X-ray

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

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? V0XRAY
- ○ X-rays were taken
- ○ Participant did not show up for appointment. Would not reschedule. → STOP.
- ○ Participant refused x-rays at clinic visit. → STOP.

③ Date X-ray taken? ___ / ___ / ____ (Month / Day / Year) V0XDATE

④ What is the MOST staff ID# for the X-ray technician? ___ V0XSIDV

⑤ Please indicate which views were taken and the settings used.

a. PA semiflexed view of right and left knee?

V0PA
- 1 ○ Yes → **i.** mAs setting ___ . _ V0PAMAS
  ii. Beam angle:Take first film at 10° caudal in all participants. If additional beam angles(s) used, mark all that apply.
  V0PA5 ○ 5° V0PA15 ○ 15° 1 = YES
- 0 ○ No → Comments: ______

V0LR **b.** Lateral view of right knee?
- 1 ○ Yes → **i.** mAs setting ___ . _ V0RMAS
- 0 ○ No → Comments: ______

V0LL **c.** Lateral view of left knee?
- 1 ○ Yes → **i.** mAs setting ___ . _ V0LMAS
- 0 ○ No → Comments: ______

V0FL **d.** Full limb view?
- 1 ○ Yes → **i.** mAs setting ___ . _ V0FLMAS
- 0 ○ No → Comments: ______

OrthOne 1.0 T Knee MRI

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

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 Does participant weigh > 350 lbs (>159.1 kg)?
(Examiner Note: Do not re-weigh participant. Check weight measurement on page 3 in the Clinic Visit Workbook.)

○ Yes → Not eligible. Go to Question #17.
○ No

③ Have you had any surgery in the past two months?

○ Yes → When was the surgery? Month / Day / Year. STOP. Schedule MRI scan 2 months after surgery date.
○ No
○ Don't know/Refused → Not eligible. Go to Question #17.

④ Do you have a heart pacemaker?

○ Yes → Not eligible. Go to Question #17.
○ No
○ Don't know/Refused → Not eligible. Go to Question #17.

⑤ Have you ever had any surgery to insert a valve into your heart?

○ Yes → Not eligible. Go to Question #17.
○ No
○ Don't know/Refused → Not eligible. Go to Question #17.

⑥ Do you have a surgically implanted heart defibrillator?
(Examiner Note: a defibrillator is a device that 'jump starts' your heart if it starts to beat abnormally.)

○ Yes → Not eligible. Go to Question #17.
○ No
○ Don't know/Refused → Not eligible. Go to Question #17.

⑦ Do you have a surgically implanted stent (a tube that keeps your arteries open)?

○ Yes → Not eligible. Go to Question #17.
○ No
○ Don't know/Refused → Not eligible. Go to Question #17.

OrthOne 1.0 T Knee MRI (cont.)

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

8 Have you had a hearing device surgically implanted in your ear (not a regular hearing aid)?
- ○ Yes → Not eligible. Go to Question #17.
- ○ No
- ○ Don't know/Refused → Not eligible. Go to Question #17.

9 Do you have a surgically implanted insulin or drug pump?
- ○ Yes → Not eligible. Go to Question #17.
- ○ No
- ○ Don't know/Refused → Not eligible. Go to Question #17.

10 Have you ever had surgery to repair a brain aneurysm?
- ○ Yes → Not eligible. Go to Question #17.
- ○ No
- ○ Don't know/Refused → Not eligible. Go to Question #17.

11 Do you have metal fragments in your body from shrapnel, bullet fragments, etc.?
- ○ Yes → Not eligible. Go to Question #17.
- ○ No
- ○ Don't know/Refused → Not eligible. Go to Question #17.

12 Have you ever had an injury in which metal or metal fragments may have entered your eye?
- ○ Yes → Not eligible. Go to Question #17.
- ○ No
- ○ Don't know/Refused → Not eligible. Go to Question #17.

13 Do you have a bone growth stimulator implanted in either of your legs?
- ○ Yes
- ○ No → Go to Question #15.
- ○ Don't know/Refused → Not eligible. Go to Question #17.

14 Which leg has the bone growth stimulator?
- ○ Right → Do not scan right knee.
- ○ Left → Do not scan left knee.
- ○ Don't Know/Refused → Not eligible. Go to Question #17.

OrthOne 1.0 T Knee MRI (cont.)

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

MOST

(15) Have you had a total knee replacement in either knee?

○ Yes → Which knee was replaced?
- ○ Right → Do not scan right knee.
- ○ Left → Do not scan left knee.

○ No

○ Don't know/Refused → Not eligible. Go to Question #17.

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(16) Have you ever had an MRI scan?

○ Yes ○ No ○ Don't know/Refused

a. Were you able to complete the MRI scan?

○ Yes ○ No ○ Don't know

b. Why were you unable to complete the MRI scan?
(Please specify: ______________________________)

Examiner Note: Determine if the reason makes the participant eligible or ineligible for the MRI scan.

Is participate eligible for the MRI scan?

○ Yes ○ No → Not eligible. Go to Question #17.

c. Would you be willing to have another MRI scan?

○ Yes ○ No ○ Don't know

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

OrthOne 1.0 T Knee MRI (cont.)

MOST ID #	Acrostic	Date of Scan	Tech ID#
		__ __ / __ __ / __ __ __ __ Month Day Year	

17. Is the participant eligible for an OrthOne 1.0 T knee MRI scan?

~~V0NI~~ ○ Yes ○ No

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

V0ONIR 1 ○ Yes 0 ○ No → Why wasn't a right knee MRI obtained? ***(Mark only one)***

V0NOR

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

b. Was an MRI obtained of the left knee?

V0ONIL 1 ○ Yes 0 ○ No → Why wasn't a left knee MRI obtained? ***(Mark only one)***

V0NOL

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

OrthOne 1.0 T Knee MRI (cont.)

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

19 Was an OrthOne 1.0 T knee MRI obtained for each of the following sequences?

Right knee scan

a. Axial
 ○ Yes ○ No → Reason: ______

b. Sagittal
 ○ Yes ○ No → Reason: ______

c. Coronal
 ○ Yes ○ No → Reason: ______

d. STIR
 ○ Yes ○ No → Reason: ______

e. 3 Point Dixon
 ○ Yes ○ No → Reason: ______

f. Other
 ○ Yes ○ No → Reason: ______

Left knee scan

a. Axial
 ○ Yes ○ No → Reason: ______

b. Sagittal
 ○ Yes ○ No → Reason: ______

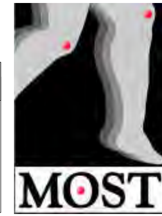
c. Coronal
 ○ Yes ○ No → Reason: ______

d. STIR
 ○ Yes ○ No → Reason: ______

e. 3 Point Dixon
(Examiner Note: Only perform this sequence if right knee is not scanned.)
 ○ Yes ○ No → Reason: ______

f. Other
 ○ Yes ○ No → Reason: ______

1.5 T Knee MRI



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

1. Was participant selected for a 1.5 T knee MRI study?
   - O Yes → Which study?
     - O Ancillary Study
     - O Reliability Study
   - O No → **STOP**. Do not complete this form.

2. 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.

3. Was the participant determined eligible for the OrthOne knee MRI scan in Question #17 on the OrthOne Knee MRI form?
   (***Refer to Question #17 on page 32 of the Clinic Visit Workbook.)***
   - O Yes
   - O No → Not eligible. Go to Question #6.

4. Does participant weigh > 330 lbs (>149.7 kg)?
   (Examiner Note: Do not re-weigh participant. Check weight measurement on page 3 in the Clinic Visit Workbook.)
   - O Yes → Not eligible. Go to Question #6.
   - O No

5. Do you have claustrophobia?
   (Examiner Note: Only definite claustrophobia is a firm contraindication. True claustrophobia is relatively uncommon [2-3%]. Participants with claustrophobia will know who they are. Some may say they are uncomfortable in small spaces, but may tolerate MRI without difficulty. It is useful to make an attempt in persons who seem uncertain or who have mild concern.)
   - O Yes
   - O No
   - O Don't know/Refused

   Yes / Don't know/Refused → Are you willing to have an MRI scan?
   - O Yes
   - O No → Not eligible. Go to Question #6.

6. Is the participant eligible for a 1.5 T knee MRI?
   - O Yes → Schedule 1.5 T knee MRI scan
   - O No → Not eligible. Go to Question #8.

1.5 T Knee MRI (cont.)

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

MOST

7. Has participant had a total knee replacement in either knee?
(Examiner Note: Refer to Question #15 on page 31 of the Clinic Visit Workbook.)

○ Yes ○ No

Which knee was replaced?

○ Right → Do not scan right knee.

○ Left → Do not scan left knee.

○ Both → Not eligible. Go to Question #8.

8. Was a 1.5 T MRI obtained?

○ Yes ○ No

Tech ID# ☐☐☐

Why wasn't an MRI obtained? *(Mark only one)*

- ○ Participant not eligible
- ○ Participant did not show up for MRI appointment
- ○ Participant scheduled for later date
- ○ Participant refused
- ○ Other ***(Please specify:*** ______________________*)*

→ STOP.

9. Was a 1.5 T knee MRI obtained for each of the following sites?

a. Coronal FLASH VIBE W/E right knee
○ Yes ○ No → Reason: ______________________

b. Coronal FLASH VIBE W/E left knee
○ Yes ○ No → Reason: ______________________

c. Axial FLASH VIBE W/E (Scan left knee. If left can't be scanned, scan right.)
○ Yes ○ No → Reason: ______________________