

30-MONTH TELEPHONE INTERVIEW**TABLE OF CONTENTS**

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1. Purpose and description of the Telephone Interview

All MOST participants will be asked to come in for a second follow-up clinic visit approximately 30 months after their baseline visit. They will be surveyed by phone approximately 4 weeks prior to their second follow-up clinic visit. The purpose of the second follow-up phone interview is to:

- reassess knee symptoms
- determine if the participant is eligible to have an MRI
- schedule clinic visits (with MRI or without MRI) for all participants
- update participant contact information

The components of the Telephone Interview are listed below:

- Knee symptoms
- MRI eligibility
- Contact information
- Scheduling a clinic visit (with MRI or without MRI)

In order to standardize the telephone interview approach, field centers should use the script outlined in Appendix 3. It is important to speak directly to the participant when conducting the Telephone Interview.

2. Preparing for the Telephone Interview

Prior to calling the participant, the following materials should be readily available:

- 1) Telephone Interview Second Follow-up Visit Workbook with participant ID and acrostic pre-printed.
- 2) Data from Prior Visits Report for Second Follow-up Telephone Interview (found on the study website under “Reports”, see Appendix 1 for sample)
- 3) Telephone Interview contact log (Appendix 2)
- 4) Telephone Interview script (Appendix 3)
- 5) Contact information for participant, next of kin and two contacts (from your local records)
- 6) List of MRI-safe surgeries (Appendix 4)
- 7) Scheduling a visit script (Appendix 5)
- 8) Event Notification Form for Knee/Hip Replacement or Death, as needed (Appendix 6)

3. Calling the participant

The second follow-up visit will be scheduled approximately 30 months after the date of the participant's baseline clinic visit, and the second follow-up telephone interview should be scheduled approximately four weeks prior to the second follow-up clinic visit.

Leaving a message. If the participant is not home, leave your name and phone number, and that you are calling from the MOST study being conducted by the University of Iowa/Alabama. If you are speaking with a person, ask what would be a good time to call back and record this time on the Telephone Interview Contact Log developed by your field center. If you are leaving a message on an answering machine, say what day and time of day you will try to call back. Of course, also leave the phone number of the field center so that the participant has the option of contacting you. Record the day and time of each attempt on the Telephone Interview Contact Log.

Multiple attempts to contact the participant. Attempt to call the participant numerous times (number of attempts to be determined by your field center) and at different times of day and on different days of the week. For example, if the first attempt was during the day, attempt to call the participant after dinner. Record the day and time of each attempt on the Telephone Interview Contact Log. After multiple attempts, leave a message for the participant to call you at their convenience.

Once you reach the participant by telephone, briefly review the purpose of today's call with them and see if they are willing to complete the telephone interview now. If they are unwilling to complete the telephone interview now, ask them when you can call back, and record the day and time that the participant specifies on your Telephone Interview Contact Log (Appendix 2).

4. Q by Q (Question by Question)

4.1 Q by Q—Knee Symptoms (pages 1-2)

1. Introduce questions: "First, I will be asking you several questions about pain, aching, or stiffness in or around your knees. The first questions will be specifically about your right knee."

"During the past 12 months, have you had pain, aching, or stiffness in your right knee?"
Skip to Question #3 if they say "No" or "Don't know." If they say "Yes":

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

Explain what is meant by "most days." Say, "by 'most days,' we mean more than half the days of a month."

2. Ask, “During the past 30 days, have you had any pain, aching, or stiffness in your right knee?” Skip to Question #3 if they answer “No” or “Don’t know.” If they answer “Yes”:

2a. Ask, “During the past 30 days, have you had pain, aching, or stiffness in your right knee on most days?” Again, clarify by saying, “By ‘most days,’ we mean more than half the days of a month.”

3. Introduce next few questions: “Now I’ll ask you specifically about your left knee.”

“During the past 12 months, have you had any pain, aching, or stiffness in your left knee?” Skip to Question #5 if they say “No” or “Don’t know.” If they say “Yes”:

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

Clarify by saying, “By ‘most days,’ we mean more than half the days of a month.”

4. Ask, “During the past 30 days, have you had any pain, aching, or stiffness in your left knee?” Skip to Question #5 if they answer “No” or “Don’t know.” If they answer “Yes”:

4a. Ask, “During the past 30 days, have you had pain, aching, or stiffness in your left knee on most days?” Again, clarify by saying, “By ‘most days,’ we mean more than half the days of a month.”

5. Introduce the next question: “Now I’ll ask you about both knees.”

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

If they answer “Yes”:

5a. Ask, “On how many days did you limit your activities because of pain, aching, or stiffness?” Record the number of days as a two-digit number. For example, if the participant reports “2 days,” enter “02.”

If they answer “No” or “Don’t know”:

5b. Ask, “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?”

4.2 Q by Q—MRI Eligibility (pages 3-5)

6. Refer to the Data from Prior Visits Report for 30-month Telephone Interview and mark whether or not the participant was eligible for an MRI scan at prior visit(s).

If “No”: Go to page 5, Question #11 and mark “No” for Question #11. You will skip the rest of the MRI Eligibility questions of the interview.

If “Yes”: Say, “The next few questions are about MRI eligibility.”

- 6a. Ask, “Since your last MRI scan at the MOST clinic on [Read date from Data from Prior Visits Report], have you had any surgery or anything implanted in your body?”

If “No”: Go to Question #7.

If “Don’t know” or refused: Go to Question #6c.

- 6b. If “Yes”: Ask, “What type of surgery or implant was it?” Record this information in the space provided. Then ask, “When was the surgery?” Please probe if the participant is unsure. Record the date of the surgery in MM/DD/YY format. If the time interval between the date of the surgery and today’s date is within 2 months, check to see if the type of surgery is on the MRI-safe surgery list found in Appendix 4.

If the surgery is not on the list, remember to schedule the clinic visit (if participant is determined eligible) at least 2 months after the date of the surgery.

If the surgery was for a knee or hip replacement, remember to fill out the Event Notification Form for Knee/Hip Replacement or Death.

- 6c. If a participant cannot have an MRI scan they will be scheduled for a shorter second follow-up clinic visit. The next set of questions are asked to ensure that the participant does not have implants or embedded metal objects in their body that might create a health hazard or interfere with imaging during an MRI scan. Say, “The next few questions will be about specific implants. Please tell me whether any of the following was implanted in your body during surgery:” Ask the participant to answer “Yes” or “No” to each of the following (and mark the appropriate bubble):
- i. “Electronic implant or device, such as a cochlear implant”
 - ii. “Magnetically-activated dental implant or dentures, magnetic eye implant, or other magnetic device”
 - iii. “Heart pacemaker”
 - iv. “Implanted heart defibrillator”
 - v. “Internal electrodes or wires, such as pacemaker wires or bone growth/bone fusion stimulator wires”
 - vi. “Neurostimulation system, such as spinal cord stimulator or gastric electrical stimulation system”
 - vii. “Surgically implanted insulin or drug pump”

- viii. "Tissue expander with magnetic port, such as inflatable breast implant with magnetic port"
 - ix. "Brain aneurysm surgery, brain aneurysm clip(s) or coil(s)"
- 6d. Check to see whether any of the items in Question #6c (i-ix) are marked "Yes" or "Don't know/Refused." Mark the appropriate bubble. If "No," go on to Question #6e. If "Yes," this participant is not eligible for an MRI. Go to Question #11 on page 5 and mark "No."
- 6e. The next set of screening questions help determine whether a participant can be eligible for an MRI, even if they have an implant or injury by metal object, if they have appropriate medical documentation stating their implanted device/object is MRI-safe. Say, "Please tell me whether any of the following was implanted in your body:" Ask the participant to answer "Yes" or "No" to each of the following (and mark the appropriate bubble):
- i. "Stent, filter, coil, or clips"
 - ii. "Shunt (spinal or intraventricular)"
 - iii. "Vascular access port or catheter, such as a central venous catheter or PICC line"
 - iv. "Surgically implanted hearing device (not a regular hearing aid) or prosthesis in your ear"
 - v. "Eyelid spring, wire or weights"
 - vi. "Penile implant or prosthesis" (*men only*)
 - vii. "Heart valve"
7. The next two questions help to determine whether a participant should be excluded from having an MRI scan due to injury by metal object. Ask, "Since your last visit to the MOST clinic on [read date from Data from Prior Visits Report], have you had an injury in which metal fragments entered your eye and you had to seek medical attention?"
8. Ask, "Since your last visit to the MOST clinic on [read date from Data from Prior Visits Report], have you had an injury in which metal fragments such as shrapnel, BB, or bullet entered your body?"
9. Review the answers you marked for Questions #6e (i-vii) and #7-8 to see whether or not any of these answers are marked "Yes" or "Don't know/Refused." Mark appropriate bubble.
- If No: go to Question #10.
- If Yes: go to Question #9a.
- 9a. Ask, "Do you have or would you be willing to ask your doctor for your medical records so that we could determine whether it would be safe for you to have an MRI scan?"

An example of appropriate medical documentation is a card or a letter from the participant's physician stating that the implanted device is safe for an MRI. Please consult with your MRI technologist or on-site investigator if you have any questions about acceptable medical documentation.

If "No": For safety reasons, participant is not eligible for an MRI scan. Skip to Question #11 on page 5 and mark "No" for Question #11 (do not answer Question #10).

If "Yes": Make a note to yourself to remember to ask the participant to bring in medical documentation with them to clinic, if they are determined eligible for a clinic visit.

10. Do not ask the participant the question, but if there is any other reason the participant would not be eligible for an MRI scan (e.g., Participant tells you that they refuse to have another MRI, or participant has had bilateral knee replacement), please write down the reason and mark the "Yes" bubble. Then go to Question #11 and mark "No".
11. If the participant is ineligible for an MRI scan, the "No" bubble should already be marked (you were directed to mark "No" from Questions #6, 9, and 10). If the "No" bubble has not been marked: mark "Yes," mark "CLINIC VISIT-WITH MRI" in Box A on page 8, and go to Question #12.

If the "No" bubble is marked: mark "CLINIC VISIT-NO MRI" in Box A on page 8, and go to Question #13 on page 6.

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

If "No" or "Don't know/Refused": go to Question #13.

If "Yes": Go to Question #12a.

12a. Ask, "What is the date of your scheduled surgery?" Record the date in MM/DD/YY format. Then ask, "What type of surgery will you have?" and record the type of surgery in the space provided. Refer again to the list of surgeries that do not require a 2-month wait (found in Appendix 4). If the surgery is on that list, then change the answer of Question #12 to "No." If surgery is not on that list, do not scan this participant's telephone interview forms. Re-contact the participant 2 months after the date of the participant's surgery to reassess eligibility (you will need to re-administer the entire telephone interview). It may be helpful to make a note of this on the Telephone Interview Contact Log.

4.3 Q by Q—Contact Information (pages 6-7)

Contact information will be updated for all participants. Refer to the contact information you have from baseline for this participant (in your local records) for the next few questions.

13. Say, “We would like to update all of your contact information this year. The address that we currently have listed for you is...”

Read the participant’s address from the baseline contact information records.

Ask, “Is the address that we currently have correct?” Mark appropriate bubble. If address is incorrect, please record the correct street address, city, state, and zip code in your local records.

14. Say, “The telephone number(s) that we currently have for you is (are)...”

Read the participant’s phone number(s) from the baseline contact information records.

Ask, “Are the telephone numbers(s) that we currently have correct?” Mark appropriate bubble. If the phone number is incorrect, please record the correct area code and phone number for your local records.

15. Ask, “Do you expect to move or have a different address in the next 6 months?”

Mark appropriate bubble. If participant is planning to move within the next 6 months, record the new street address, city, state, and zip code for your local records.

16. You will next update the contact information for the participant’s next of kin and two contacts. Refer to the baseline contact information records to see whether or not participant has identified their next of kin. If participant has not yet identified their next of kin, mark “No” and go to Question #17. Otherwise, mark “Yes” and go to Question #16a.

16a. Review the participant’s next of kin contact information. Say, “You previously told us the name and address of your next of kin. Please tell me if the information that I have is still correct.” Read the next of kin’s name and address and ask, “Is the name and address of your next of kin correct?”

If participant answers “Yes” or refuses to answer, go to Question #18.

If participant answers “No” or “Don’t know,” go to Question #17.

17. Say, “Please tell me the name, address, and telephone number of your next of kin. How is this person related to you?” Record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant for your local records.

18. Refer to the baseline contact information records to see whether or not participant has identified their two contacts. If participant has not yet identified two contacts, mark “No” and go to Question #19. Otherwise, mark “Yes” and go to Question #18a.
- 18a. Review the participant’s information for their two contacts. Say, “You previously told us the name and address of your two contacts. Please tell me if the information that I have is still correct.” Read the first contact’s name and address and ask, “Is the name and address of your (relationship to participant) correct?” Repeat with the second contact.
- If participant answers “Yes” to both or refuses to answer, go to Box A on the next page.
- If participant answers “No” or “Don’t know” for either of the two contacts, go to Question #19.
19. Say, “Please tell me the name, address, and telephone number of your (first/second) contact. How is this person related to you?” Record the name, street address, city, state, zip code, telephone number, and how the person is related to the participant for your local records. Repeat for second contact if necessary.

4.4 Q by Q—Clinic Visit Eligibility Box A (page 8)

Box A indicates what type of clinic visit the participant is eligible to have when they come in for a clinic visit. One of the bubbles in Box A indicating participant’s eligibility status (CLINIC VISIT – WITH MRI or CLINIC VISIT – NO MRI) should be marked already. Thank the participant for their time and for answering your questions and schedule the appropriate type of clinic visit. If participant is being scheduled for a clinic visit with MRI, refer to the Data From Prior Visits Report for Second Follow-up Visit to determine if they are eligible for biospecimen collection and/or 1.5T MRI.

If the participant does not agree to come in for a clinic visit, mark the “NOT INTERESTED” bubble in Box A and ask the participant why they are not interested at this time. Record reason(s). Ask if they have any further questions and thank them for their time.

5. Scheduling a clinic visit

The clinic visit should be scheduled between 2 to 8 weeks (ideally, within 4 to 5 weeks) of the date of the Telephone Interview. If you need to call back to schedule an appointment, ask the participant what day and time within the next several weeks would be good for calling back to schedule an appointment. See Appendix 5 for suggested script for scheduling a clinic visit.

Tell the participant that they will receive a confirmation notice in the mail in the next few days or a phone call reminding them of the day and time of the visit. They will also receive a self-administered questionnaire in the mail that they should fill out and bring with them to the clinic

visit. Be sure to give the participant your name and phone number of the clinic to call if they need to reschedule the visit for any reason.

Tell the participant what to expect at the visit:

For those eligible for a clinic visit with MRI, the visit will last approximately 2 to 3 hours. The clinic visit consists of brief questionnaire, clinic interview (where questions about knee symptoms and medication use will be administered), knee MRIs on both knees (if MRI-eligible), knee X-rays, and some of the exams and measurements that were done at their first MOST clinic visit will be repeated at this visit.

For those eligible for biospecimen collection at the 30-month visit (if “Yes” for question #9 on the Data From Prior Visit Report for Second Follow-up Telephone Interview), schedule a morning clinic visit (prior to 9 am). The participant will need to fast for 8 hours before their clinic visit. In addition, they will be providing a second morning-void urine sample.

For those that had a 1.5T MRI at baseline, a 1.5T knee MRI will also need to be scheduled for the 30-month visit, if they are still MRI-eligible. If they are also selected for the MRI Validation Study, they may have additional MRI sequences scanned.

For those eligible for a clinic visit with no MRI, the visit will last approximately 1 to 2 hours. The clinic visit consists of all the same exams and measurements as above, except there will be no knee MRIs.

For all participants scheduled for a clinic visit: tell the participant to bring in all their prescription and non-prescription medications, supplements, and vitamins that they have taken in the past 30 days. In addition, they should bring in medical documentation that shows it is safe for them to obtain an MRI (if they answered “Yes” to Question #9a on page 4).

Finally, thank the participant for their time, effort, and participation in this important study.

6. Record keeping and mailing clinic visit reminder

Once the telephone interview is complete, but before you hang up the telephone with the participant, review the form to make sure that all questions have been filled out carefully and completely.

Book-keeping procedures to re-contact participants who have recently had surgery or have a surgery scheduled or who just wish to be called back at a future time should be formalized at each field center. The use of various “Pending” files to keep track of deferred interviews should be considered.

If an appointment is made for a clinic visit, the date and time recorded in Box A of the Telephone Interview Second Follow-up Visit Workbook should also be entered in a clinic scheduling book or electronic scheduling system.

Fill out a confirmation notice/clinic visit reminder letter with the date and time of the clinic visit and mail it to the participant. The note should include a reminder for the participant to bring in their medications and supplements, their filled out self-administered questionnaire, and medical documentation showing it is safe for them to have an MRI (if necessary). If the participant is eligible for biospecimen collection, the note should also include a reminder that a second void urine sample will be collected and a reminder to fast for 8 hours prior to clinic visit. See Overview of Second Follow-up Operations Manual for a sample of a reminder letter. If there is not enough time to mail a letter, a phone call reminder should be made.

Fill out the Telephone Interview Contact Log (See Appendix 2 for an example) developed by your field center and record the appropriate information about the call. The participant's updated contact information (including the contact information for their next of kin and two additional contacts) should also be entered in your local records.

7. Scanning the Telephone Interview Second Follow-up Visit Workbook

Completed telephone interview forms should be scanned as soon as possible, but ideally no later than 1 to 2 days after completion.

We recommend that incomplete forms, such as those with information pending, not be scanned, but kept in a separate "Pending" file (indexed by name). Once the missing information is obtained, the completed telephone interview form should be scanned as soon as possible.

8. Quality assurance

8.1 Training requirements

The interviewer requires no special qualifications to perform this assessment. Previous interviewing experience will be helpful. Training should include:

- Read and study the following operations manual chapters:
 - Overview of Study (1)
 - Overview of Second Follow-up (2A)
 - Interviewing Guidelines (2B)
 - Telephone Interview (2C)
- Thoroughly review the Telephone Interview Second Follow-up Visit Workbook
- Practice administering the telephone interview on volunteers (if possible, age-eligible volunteers).

8.2 Certification requirements

- Completed training requirements
- Observation and evaluation of five *mock* telephone interviews (three of which will be done with the Coordinating Center staff, and the other two to be done by the Study Coordinator or their designate).
- Observation and evaluation of three *actual* telephone interviews by the Study Coordinator or their designate.

8.3 Quality Assurance Checklist

Administration of Telephone Interview

- Asks participant if they are willing to complete the telephone interview now
- Describes purpose of today's call
- Follows skip patterns in questionnaire
- Reads script and questions exactly as written in the Telephone Interview Second Follow-up Visit Workbook (same order, same wording)
- Accurately records participant's responses on form
- Explains pause(s) necessary for interviewer to complete form
- Accurately determines clinic visit eligibility in Box A
- If necessary, accurately completes Event Notification Form for Knee/Hip Replacement or Death
- Reads correct script for clinic visit with or without MRI
- Schedules appointment or time to call back for appointment
- If participant is not interested, correct script read and participant thanked for their time
- Follows the guidelines for recording data on scannable forms
- At the end of interview, reviews forms for completeness

Interviewing Techniques

- Reads slowly, speaks clearly, and uses appropriate inflection when speaking
- Reduces the chance of bias by maintaining a neutral attitude toward participant's answers
- Able to elicit accurate and complete information using non-directive probes
- Keeps interview on track by presenting questions at a regular pace
- Focuses participant's attention on questions while always being polite
- Treats participants with respect
- Maintains a professional and friendly manner; leaves participant with overall feeling of well-being

Appendix 1 Second Follow-up Telephone Interview Data from Prior Visits Report

Participant Name: _____

MOST Participant ID# : _____

Acrostic: _____

**MOST Data from Prior Visits Report
Second Follow-up Telephone Interview****Visit dates**

1. Date of baseline enrollment visit:
2. Date of first follow-up visit:
3. Target date for second follow-up telephone interview:

1.0 T knee MRI History

4. Was participant eligible for a 1.0 T MRI at baseline?
5. Was participant eligible for a 1.0 T MRI at first follow-up visit?
6. What was the date of the participant's last 1.0 T MRI scan and which knee was scanned?

Knee replacements

7. Was right knee replaced?
8. Was left knee replaced?

Biospecimen collection

9. Is participant in the specimen collection cohort for this visit?
(if Yes, tell participant that they will be required to fast for 8 hours prior to the visit and provide a second-morning urine void.)

1.5 T knee MRI history

10. Did the participant have a 1.5 T knee MRI at baseline?
(if Yes, 1.5 T knee MRI will be scheduled for the 30-month visit if still MRI eligible)
11. Is the participant selected for the MRI Validation Study?

Appendix 2 Telephone Interview contact log

ID#: _____

NAME: _____ SEX: _____

ADDRESS: _____ AGE: _____

PHONE: _____ Best time to call: S M T W T F S ____:____ AM/PM

DATES OF CONTACTS	DAY OF WEEK	TIME	RESULTS/COMMENTS
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____
____/____/____	S M T W T F S	____:____ AM / PM	_____

CLINIC VISIT DATE ____/____/____
TIME ____:____ AM/PM

RESCHEDULED CLINIC VISIT DATE ____/____/____
(if needed) TIME ____:____ AM/PM

Appendix 3 Telephone Interview suggested script

Hello, my name is _____, and I am calling from _____ [UI][UAB] for the MOST study.

May I please speak with _____?

(If the person is available)

I am calling to follow up with you about your participation in the MOST study. I would like to ask you some questions about your knees and hips and update your contact information. Do you have time to talk right now? (Go to Question #1 of the Telephone Interview.)

(If the person is unavailable)

Can you tell me when would be a good time to call back?

I will try calling back on [Date] at [Time].

You can also have _____ call me at (XXX) XXX-XXXX. My name is _____ . Thank you.

Appendix 4 MRI-safe surgeries

MRI Safety: Surgeries on this list do not require a 2-month wait period:

- adhesion destruction or manipulation (nonsurgical)
- biopsy without surgical incision
- cyst removal with needle
- dental bridgework
- dental fillings
- destruction of kidney, bladder, or urethral stones by forced ultrasound energy
- dilation and curettage (D&C) not for terminating pregnancy and not following delivery
- injections:
 - injection of anesthetic into peripheral nerve
 - injection of anesthetic into spine
 - injection of non-anesthetic into spine
 - joint or ligament injection
- insertion of catheter for intravenous fluids into vein (not indwelling catheter)
- non-metallic foreign body removal (such as glass)
- periodontal surgery
- radial keratotomy
- rubber-banding of hemorrhoids
- skin biopsy / skin cancer removal
- spinal tap without implant
- suturing of a superficial cut
- wart removal

Appendix 5 Scheduling a visit script

For participant eligible for a CLINIC VISIT – with MRI:

Your clinic visit will last approximately 2 to 3 hours. At this clinic visit, you will fill out a brief questionnaire, an interviewer will ask you questions about knee symptoms and medication use, you will have knee MRIs and X-rays taken on both of your knees, and we will repeat a few of the measurements and exams that you had at your first visit to the MOST clinic.

If participant is also eligible for BIOSPECIMEN COLLECTION:

Please do not eat or drink anything but water after midnight the night before your visit. Drink plenty of water before you come into the clinic and take all your regular medications and vitamins as usual. We will be collecting a urine sample from you. Collection will be the second void of the day (whenever possible).

For participant eligible for a CLINIC VISIT – no MRI:

Your clinic visit will last approximately 1 to 2 hours. At this clinic visit, you will fill out a brief questionnaire, an interviewer will ask you questions about knee symptoms and medication use, you will have X-rays taken on both of your knees, and we will repeat a few of the measurements and exams that you had at your first visit to the MOST clinic.

For ALL participants:

The next step is for us to schedule your clinic visit. Do you have a calendar handy? Are there any days of the week you would prefer to have your appointment?

Check available dates and times and schedule a clinic visit. Remember to schedule early morning visits for participants that are eligible for biospecimen collection. Schedule 1.5T MRI visit for participants that had a 1.5T MRI at baseline, if they are still MRI-eligible.

That's great. We will see you at [time] on [date]. *(Remind participant of your name.)*

You will be receiving a letter describing how to prepare for your clinic visit in the mail. You will also be receiving a brief questionnaire in the mail that we would like you to fill out and bring in with you to your clinic visit. We would like you to bring in all your prescription and non-prescription medications, vitamins, and supplements that you have taken in the past 30 days. The examiner will need the bottles to record the spelling and dosage information.

If participant answers "Yes" to Question #9a on page 4: In addition, we would like you to bring in/ask your physician for a copy of your medical records showing that it is safe for you to have an MRI scan.

Do you have any questions for me about any of this? Well, I have you scheduled for _____. You will receive a reminder letter soon in the mail. Please call me if you think of any questions after we hang up. My name is _____ and our phone number is XXX-XXX-XXXX or toll-free, 1-800-XXX-XXXX. You will not be given any medications or treatment during this study. Thank you for your time today. Goodbye.

For participant that is not interested in coming for a clinic visit:

Your participation in this important study is appreciated. Can you tell me why you aren't interested in coming to the MOST clinic at this time?

Should you change your mind, please give me a call at XXX-XXX-XXXX. My name is _____.

Thank you for your time and for answering our questions. Do you have any questions for me? Thank you again. Goodbye.

Appendix 6 Event Notification Form for Knee/Hip Replacement or Death

 15123	Reference #: [][][][]	<input type="radio"/> First Follow-up Visit <input type="radio"/> Second Follow-up Visit	
MOST ID # [][][][][][]	Acrostic [][][][]	Date Completed [][] / [][] / [][][][] <small>Month Day Year</small>	Staff ID # [][][]

Event Notification Form for Knee/Hip Replacement or Death

Instructions: Please complete one Event Notification Form for EACH event (knee/hip replacement or death) that is reported. Assign and log a unique reference number for each event reported (see upper left hand corner).

1. How was the event reported? (Mark only one.)

Follow up telephone interview

Clinic-initiated phone contact
(other than the follow up telephone interview, such as a scheduling call)

Participant called clinic

Spouse or other contact called clinic

Clinic visit

Other (Please specify: _____)

If information was not obtained from participant, please complete:

Name of person: _____

Relationship to participant: _____

2. Type of event: (Mark only one. If multiple joint replacements, complete one Event Notification Form for each joint replacement.)

Knee replacement →

2a. Which knee was replaced? Right knee Left knee

2b. Date replaced: [][] / [][] / [][][][]
(Estimate if unsure) Month Day Year

Please obtain medical records and complete Knee Replacement Report.

Hip replacement →

2c. Which hip was replaced? Right hip Left hip

2d. Date replaced: [][] / [][] / [][][][]
(Estimate if unsure) Month Day Year

Please obtain medical records and complete Hip Replacement Report.

Death →

2e. Date of reported death: [][] / [][] / [][][][]
(Estimate if unsure) Month Day Year

Please obtain death certificate and complete Report of Death.

