

**SELF-ADMINISTERED QUESTIONNAIRES**

**TABLE OF CONTENTS**

**1. Overview of self-administered questionnaires .....2**  
**2. General instructions .....2**  
**2.1 Instructions to be provided to the participants self-administering the questionnaires .....2**  
**2.2 Final steps to complete the self-administered questionnaires .....3**  
**3. Quality assurance of the self-administered questionnaires.....3**  
**4. Resources for additional information .....4**  
**Appendix 1 Self-administered Questionnaire Measures and Frequency .....5**

## **1. Overview of self-administered questionnaires**

MOST participants will complete self-administered questionnaires at each visit. There are two types of self-administered questionnaires, one that is mailed to the participant before their visit (Self-Administered Questionnaire – Home) and completed at home and one that is completed in clinic (Self-Administered Questionnaire – Clinic). Please see Appendix 1 for a list of question categories and measurement frequencies.

## **2. General instructions**

Prepare the self-administered questionnaires for each participant with the participant ID and acrostic pre-printed on the forms. If pre-printing is not done, hand-enter the ID and acrostic. Mail the Self-Administered Questionnaire – Home to the participant with the clinic visit reminder (see Overview of Clinic Visit). Be sure to write in the month and year of their last MOST clinic visit on the appropriate page of the questionnaire. Provide the Self-Administered Questionnaire - Clinic to the participant at whatever time during the clinic visit that scheduling allows, taking care to match the correct ID to the participant. The Self-Administered Questionnaire - Clinic must be completed in a quiet room without interruptions. Be sure to schedule time for a quality assurance check of the completed questionnaires (see section 3 below) before the participant leaves the clinic. Provide the participant with a dark blue or black pen and the following instructions:

### **2.1 Instructions to be provided to the participants self-administering the questionnaires**

1. Express the importance of the research that they are contributing to, and that the answers they give on the questionnaires may be an important contribution to the health of others. Emphasize that the questionnaires' scientific value is contingent on carefully and thoughtfully given answers.
2. The questionnaires must be completed with a dark blue or black pen.
3. Tell the participant that if they have any uncertainty about how to answer a question, they should make a best guess, taking care to read the question carefully.
4. Remind the participant to answer all of the questions.
5. Instruct the participant to fill in the bubbles completely on all multiple-choice questions, as shown by example on the cover sheet of the questionnaires.
6. Instruct the participant to write text characters inside the boxes provided, as shown by example on the cover sheet of the questionnaires, and to write in all capital letters.
7. Instruct the participant not to fold the questionnaire or make any stray marks on it.
8. Instruct the participant on how to correct mistakes, if necessary, by crossing out the wrong answer, filling in the correct answer, and circling the correct answer. Emphasize that scribble marks should not be made to make a correction.

9. Encourage the participant to provide a degree of pain or difficulty whenever possible on <sup>®</sup>WOMAC questions, reserving the “Don’t Do” answer only for cases when the participant truly does not perform the activity at all – for example, when their spouse does all of the shopping, or because everywhere they go has elevators and they don't walk up or down stairs (i.e., NOT because of difficulty going up or down stairs).

## 2.2 Final steps to complete the self-administered questionnaires

1. Make sure both questionnaires are dated. If the Self-Administered Questionnaire – Home is not dated, ask the participant when they completed the questionnaire and fill in the date given. Enter your staff ID number on both questionnaires.
2. Enter the Visual Analog Scale scores on the self-administered questionnaire in the boxes provided for clinic use only.
3. Thank the participant for completing the questionnaires.

## 3. Quality assurance of the self-administered questionnaires

Before each participant leaves the clinic a quality assurance check of the self-administered questionnaires must be done. Review the questionnaires with the following items in mind:

1. Completeness. Make sure that all questions have been answered.
2. Readability. Make sure that bubbles are filled in completely and that text characters are legible.
3. Accurate identification. Make sure that the correct ID and acrostic is printed on the form.
4. Coherence. Make sure that only one answer is given on each multiple-choice question, when only one answer is allowed. If there are any <sup>®</sup>WOMAC questions where the participant has marked both “Don’t do” and a degree of pain or difficulty, draw a line through the "Don't-do" answer and mark the degree of pain or difficulty as the intended answer by circling, dating, and initialing it.

If the participant has made any corrections on the questionnaires, make sure that the intended answer is clearly marked. If necessary, ask the participant to clarify any answer that is ambiguously marked.

**4. Resources for additional information**

If you have questions about the Self-Administered Questionnaire – Home or Self-Administered Questionnaire - Clinic, please use the Question and Answer feature on the MOST website.

## Appendix 1 Self-administered Questionnaire Measures and Frequency

MOST Self-Administered Questionnaire Measures and Frequency

Self-administered Questionnaire Measures	Baseline	15-mo <sup>1</sup>	30-mo
<b>Demographics</b>			
Contact information	H		
Demographics (age, gender, ethnicity, education, marital status, residency, income)	H		
<b>Knee Symptoms</b>			
Knee pain/stiffness, past 30 days <i>Modified</i> <sup>®</sup> WOMAC Osteoarthritis Index & Visual Analog Scale	C	C	C
<b>Knee-related function and QOL</b>			
Physical function, past 30 days <i>Modified</i> <sup>®</sup> WOMAC Osteoarthritis Index	C	C	C
Participant global assessment	C		C
Physical function, past 30 days (difficulty – squatting running, mumping, twisting, kneeling) <i>Modified</i> KOOS	C		C
<b>Other Joint Symptoms</b>			
Hip symptoms, past 30 days <i>Modified</i> <sup>®</sup> WOMAC Osteoarthritis Index	C	C	C
Back pain and function, past 30 days	H		H
Joint - ankles, knees, wrists, hips, elbows, shoulders, neck pain, aching, or stiffness, past 30 days ( <i>homunculus</i> )	H	C	H
Hand pain, aching, or stiffness, past 30 days ( <i>homunc</i> )	H		
Feet pain, aching, or stiffness, past 30 days ( <i>homunc</i> )	H		
<b>General Health/ Functional Status</b>			
Disability - <i>Modified Late Life – FDI – Disability Component</i>	H	C	H
General health – <i>SF12 – Standard, US Version 2.0</i>	H	C	H
Depressive symptoms – <i>CES-D Long Version</i>	H		H
<i>Charlson Comorbidity Index (adapt. Katz Questionnaire)</i>	H		H
<b>Medication</b>			
Taking medications for joint symptoms	H <sup>2</sup>		H
Knee injections for arthritis	H		
<b>Health Behaviors and OA Risk Factors</b>			
Height and weight history	H		
Employment, past and current, Includes kind of work & physical activities done at work	H		H <sup>3</sup>
Family history of arthritis	H		
Fracture history	H <sup>4</sup>		H <sup>3</sup>
Falls, last 12 months			H
Height and weight history	H		
Tobacco and alcohol use	H		

H=SAQ Home C=SAQ Clinic <sup>1</sup>Cases and controls <sup>2</sup>If arthritis diagnosed by physician <sup>3</sup>Only current <sup>4</sup>After age 45

5/2009