



Draft

Enrollment Form

Staff ID#

EFSTAFF

This form **MUST** be the first Teleform faxed in for each participant. Please fax at least 24 hours before any other Teleform for this participant.. This form should be used to assign the ID number and acrostic. **PLEASE WRITE NEATLY.**

1 Is the potential participant at least 65 years old?

☐ Yes ☐ No *EFFAGE*

EFFU

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

2 Can the potential participant walk without assistance?

☐ Yes ☐ No *EFWALK*

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

3 Has the potential participant had bilateral hip replacements?

☐ Yes ☐ No *EFHIP*

Person is not eligible for MrOS. Do not fax in this form; do not assign ID number.

4 Did the participant agree to participate in the study and sign the consent form(s)?

☐ Yes ☐ No *EFCNSNT*

Did the participant agree to the DNA/genetic components of the consent?

☐ Yes ☐ No *EFDNA*

5 Enter the participant's MrOS Study ID Number and Acrositc.

MrOS ID# *ID*

--	--	--	--	--	--

Acrostic *EFAGROST*

--	--	--	--

6 Enter today's date:

EFDATE

		/			/				
Month			Day			Year			



Pages 1 and 2 contain confidential information that is not collected by the Coordinating Center.

General Information

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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GISTAFF

5 What is your age?

GI	AG	E
----	----	---

years.

GIAGE1

SITE

6 What is your date of birth?

--	--

Month

--	--

Day

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Year

GIDOB

7 Occasionally, we may need to obtain medical information from your doctor or health care provider (or forward information to your doctor). To do this, we need to know your Social Security and Medicare numbers. This information will be kept confidential, and please be assured that Medicare will not be billed for any services provided through this study.

Social Security Number:

--	--	--

-

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-

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GISSN

Medicare Number:

--	--	--

-

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-

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GIMCN

8 What is your current marital status?

1 ☐ Married or living in a married-like relationship

4 ☐ Divorced

2 ☐ Widowed

5 ☐ Single, never married

3 ☐ Separated

GIMSTAT

9 Do you live by yourself, or do you live with your spouse, another family member, or a roommate?

1 ☐ Live alone 2 ☐ Live with my spouse, another family member, or a roommate

GILIVE

10 Please mark the highest grade or year of school that you completed:

1 ☐ Some elementary school

2 ☐ Elementary school

3 ☐ Some high school

4 ☐ High school

5 ☐ Some college

6 ☐ College

7 ☐ Some graduate school

8 ☐ Graduate school

GIEDUC

Yes/No are 1,0 unless otherwise indicated.

PAGE LINK #

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PAGE 3

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General Information

- 11 Thinking of all the paid jobs that you ever had, what kind of work did you do the longest?

this area not included in data base

Clinic Use ONLY
SOC Code

GISOC

- 12 Which of the following best describes your racial background? (Mark all that apply)

1: checked

0: not checked

☐ White

GIWHITE

☐ Hispanic or Latino

GIHISPA

1: checked

0: not checked

1: checked

0: not checked

☐ Black or African American

GIAA

☐ American Indian or Alaska Native

GIAI

1: checked

0: not checked

1: checked

0: not checked

☐ Asian

GIASIAN

☐ Native Hawaiian or Other Pacific Islander

GIPI

1: checked

0: not checked

Values for
GISOC

limited to:

11, 13, 15,

17, 19, 21,

23, 25, 27,

29, 31, 33,

35, 37, 39,

41, 43, 45,

47, 49, 51,

53, 55

GIRACE1

GIRACE2

GIRACE3

GIRACE4

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PAGE 4

Version 1.0 01.07.00 MrOS GI General Information

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Medical History

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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MH	STAFF				
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1 Has a doctor or other health care provider ever told you that you had or have:

Diabetes? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHDIAB</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHDIABT</i>
High thyroid, Grave's disease or an overactive thyroid gland? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHHHTHY</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHHHTHYT</i>
Low thyroid or an under active thyroid gland? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHLTHY</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHLTHYT</i>
Osteoporosis, sometimes called thin or brittle bones? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHOSTEO</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHOSTEOT</i>
A stroke, blood clot in the brain or bleeding in the brain? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHSTRK</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHSTRKT</i>
Parkinson's disease? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHPARK</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHPARKT</i>
Hypertension or high blood pressure? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHBP</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHBPT</i>
Heart attack, coronary or myocardial infarction? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHMI</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHMIT</i>
Angina (chest pain)? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHANGIN</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHANGINT</i>
Congestive heart failure or enlarged heart? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHCHF</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHCHFT</i>
Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema or COPD? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHCOPD</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHCOPDT</i>
Prostatitis (inflammation or infection of the prostate)? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHPROST</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHPROSTT</i>
Glaucoma? <input type="radio"/> Yes → <input type="radio"/> No	<i>MHGLAU</i>	If yes, are you currently being treated for this condition by a doctor? <input type="radio"/> Yes <input type="radio"/> No	<i>MHGLAUT</i>
Cataracts? <input type="radio"/> Yes <input type="radio"/> No	<i>MHCAT</i>		

Yes/No are 1,0 unless otherwise indicated.

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MrOSMHMedicalHistory2.3

Mr. OS

Draft





Draft

Medical History

2 Have you ever had surgery to remove all or part of your stomach or intestines?

☐ Yes ☐ No *MHSTOM*

How old were you when you had this surgery? years old.

3 Has a doctor or other health care provider told you that you have arthritis or gout?

☐ Yes ☐ No *MHARTH*

What type of arthritis did the health care provider say it was? (Mark all that apply)

1: checked, 0: not checked

MHRHEUM ☐ Rheumatoid arthritis

MHOSTART ☐ Osteoarthritis or degenerative arthritis

MHGOUT ☐ Gout *1: checked, 0: not checked*

MHARTOTH ☐ Some other type of arthritis. Please specify:

MHARTDK ☐ Don't know *1: checked, 0: not checked*

Which of your joints have arthritis? (Mark all that apply) *All are: 1: checked, 0: not checked*

MHHIP ☐ Hip *MHBACK* ☐ Back *MHANKLE* ☐ Ankle

MHKNEE ☐ Knee *MHNECK* ☐ Neck *MHFOOT* ☐ Foot/Toes

MHHAND ☐ Hand/Fingers *MHSHOULDER* ☐ Shoulder *MHJNTOTH* ☐ Other

MHWRIST ☐ Wrist *MHELLOW* ☐ Elbow

Do you take any medications for your arthritis or joint pain?

☐ Yes ☐ No *MHARTHMD*

this area not in database

MHKNEEOA

MHHANDOA

MHHIPOA

4 Has a doctor or other health care provider ever told you that you have kidney stones?

☐ Yes ☐ No *MHKDNY*

DURING THE PAST FIVE YEARS, how many times have you passed a stone (or had a kidney stone attack)? times.

Are you currently being treated for kidney stones?

☐ Yes ☐ No *MHKDNYTR*





Draft

Medical History

5 Has a doctor or other health care provider ever told you that you have cancer?

☐ Yes ☐ No

MHCANCER

Please specify the kind of cancer(s): Mark all that apply.

MHCC 1: checked, 0: not checked

☐ Colon (bowel) or rectum cancer

How old were you at first diagnosis?

--	--	--

MHCCAGE
years old.

MHSC 1: checked, 0: not checked

☐ Skin cancer (not melanoma)

How old were you at first diagnosis?

--	--	--

MHSCAGE
years old.

MHLCC 1: checked, 0: not checked

☐ Lung cancer

How old were you at first diagnosis?

--	--	--

MHLCCAGE
years old.

MHPC 1: checked, 0: not checked

☐ Prostate cancer

How old were you at first diagnosis?

--	--	--

MHPCAGE
years old.

What type of treatment did you receive?
(Mark all that apply)

☐ Radiation

☐ No treatment

☐ Surgery to remove prostate gland

☐ Other

☐ Surgery to remove testicles

1: checked
0: not checked

☐ Hormone shots/pills

MHOC 1: checked, 0: not checked

☐ Other cancer

Please specify type of cancer:

How old were you at first diagnosis?

--	--	--

MHOCAGE
years old.

6 Do you sometimes have trouble with dizziness?

☐ Yes ☐ No

MHDIZZY

How long have you had trouble with dizziness?

1 ☐ Less than 1 month

2 ☐ 1 month to 1 year

MHDIZTIM

3 ☐ More than 1 year

Would you describe your dizziness as: (Mark all that apply)

☐ Feeling like you are about to faint or pass out?

MHDZFNT 1: checked, 0: not checked

☐ Feeling that you or the room are spinning around?

MHDZSPIN 1: checked, 0: not checked

☐ Feeling that you are losing your balance?

MHDZBAL 1: checked, 0: not checked

☐ Other

MHDZOTH 1: checked, 0: not checked

Is your dizziness troublesome enough to limit your activities, such as walking or other leisure activities?

☐ Yes ☐ No

MHDIZLMT





Draft

Medical History

- 7 During the **past 12 months**, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

☐ Yes ☐ No **MHFALL**

How many times have you fallen in the **past 12 months**? (Mark one circle)

☒ 1 ☐ 2-3 ☐ 3-4 ☐ 5 or more **MHFALLTM**

Which of the following injuries did you have? (Mark all that apply)

MHFRACT ☒ 1: checked, 0: not checked ☐ I broke or fractured a bone
MHHEAD ☒ 1: checked, 0: not checked ☐ I hit or injured my head
MHSPRAIN ☒ 1: checked, 0: not checked ☐ I had a sprain or a strain
☒ 1: checked, 0: not checked ☐ I had a bruise or bleeding
☒ 1: checked, 0: not checked ☐ I had some other kind of injury
☒ 1: checked, 0: not checked ☐ I did not have any injuries from a fall in the past 12 months
MHBRUISE
MHOTHER
MHNINJ

- 8 Approximately how much did you weigh at birth?

☒ 1 Less than 3 pounds ☐ 4 7.0 to 8.9 pounds
☐ 2 3 to 4.9 pounds ☐ 5 More than 9 pounds **MHBW**
☐ 3 5 to 6.9 pounds ☐ 7 Don't Know

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

MHFEET **MHINCHES**
 feet inches

MHHGTCM

- 10 What was your usual weight when you were about 25 years old? If you don't remember exactly, give your best estimate.

MHWWEIGHT
 pounds

MHWGTKG

- 11 What is the most you have ever weighed, and how old were you when you were at your heaviest weight?

MHWGTMAX **MHWGTAGE**
 pounds at years of age.

MHWGTMKG





Prostate Health

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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PSSCORE

Not at all

Less than
1 time in 5

Less than
half the time

About half
the time

More than
half the time

Almost
always

0

1

2

3

4

5

1 Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

☐

☐

☐

☐

☐

☐

PSEMPY

2 Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

☐

☐

☐

☐

☐

☐

PSAGAIN

3 Over the past month, how often have you found you stopped and started again several times when you urinated?

☐

☐

☐

☐

☐

☐

PSSTOP

4 Over the past month, how often have you found it difficult to postpone urination?

☐

☐

☐

☐

☐

☐

PSPOST

5 Over the past month, how often have you had a weak urinary stream?

☐

☐

☐

☐

☐

☐

PSWEAK

6 Over the past month, how often have you had to push or strain to begin urination?

☐

☐

☐

☐

☐

☐

PSPUSH

7 Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

0

☐ None

1

☐ 1 time

2

☐ 2 times

3

☐ 3 times

4

☐ 4 times

5

☐ 5 times or more

PSUP

8 If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

0 ☐ Delighted

1 ☐ Pleased

2 ☐ Mostly satisfied

3 ☐ Mixed, about equally satisfied and dissatisfied

4 ☐ Mostly unsatisfied

5 ☐ Unhappy

6 ☐ Terrible

PSQL

9 Over the past month, which of the following best describes your urinary control?

0 ☐ Total control

1 ☐ Occasional leaking

2 ☐ Frequent leaking

3 ☐ No control

PSCONTRL

10 Over the past month, how often did you drip or leak urine?

0

☐ Not at all

1

☐ Less than once a week

2

☐ About once a week

3

☐ Once or twice a day

4

☐ More than twice a day

PSDRIP

Yes/No are 1,0 unless otherwise indicated.

Page link #

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MrOSPSP prostateHealth1.27

Mr. OS

Draft





Draft

Prostate Health

- 11 Over the past month, how many pads or adult diapers, if any, did you usually use to help with leaking or dripping? *PSPADS*
☐ No pads ☒ 1 pad per day ☐ 2 pads per day ☐ 3 or more pads per day
- 12 Over the past month, overall, how big a problem did you have with leaking or dripping urine? *PSPROBLM*
☐ No problem ☒ Very small problem ☐ Small problem ☐ Moderate problem ☐ Big problem

- 13 Has a doctor or other health care provider told you that you have or had an enlarged prostate (benign prostatic hyperplasia)? *PSBPH*

☐ Yes ☐ No

Have you ever had treatment for this condition?

☐ Yes ☐ No *PSBPHT*

What type of treatment have you received? (Mark all that apply)

- ☐ Surgery *PSTSURG 1: checked, 0: not checked*
☐ Prescription medications *PSTMEDS 1: checked, 0: not checked*
☐ Other *PSTOTH 1: checked, 0: not checked*

- 14 Has anyone in your immediate family ever had prostate cancer? Please include blood relatives only. *PSPSCAN*

☒ Yes ☐ No ☐ Don't Know

Please indicate their relationship to you: (Mark all that apply)

- PSFATHER 1: checked, 0: not checked* ☐ Natural father *PSSON 1: checked, 0: not checked* ☐ Son
PSBROTH 1: checked, 0: not checked ☐ Full brother *PSMUNCLE 1: checked, 0: not checked* ☐ Mother's brother (maternal uncle)
PSHALFBR 1: checked, 0: not checked ☐ Half brother ☐ Father's brother (paternal uncle)
PSFUNCLE 1: checked, 0: not checked

- 15 Are you currently taking any medications, herbal remedies or supplements to treat prostate symptoms every day or almost every day?

☐ Yes ☐ No *PSHERBS*

Please indicate which medication or herbal remedies/supplements you take: (Mark all that apply.) *1: checked 0: not checked*

- ☐ Finasteride (Proscar) *PSHBPROS* ☐ Pumpkin seed (Cucurbita pep) *PSHBPUMP*
☐ Saw palmetto (Sernoa repens) *PSHBSAW* ☐ African plum (Pygeum africanum) *PSHBAP*
☐ South African star grass (Hypoxis rooperi, B-sitosterol) *PSHBHYP* ☐ Other. Please specify: *PSHBOTH*
☐ Stinging nettle (Urtica dioica) *PSHBSEN*
☐ Rye grass pollen (Secale cereale) *PSHBRYE*



Diet History

Office Use Only-
MrOS ID#

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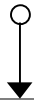
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1 Have you been on a special diet during the past year?

☐ Yes ☐ No **DHDIET**



Check which special diets you have been on during the past year. Mark all that apply.

- DHLFAT** ☐ Low fat diet **1: checked, 0: not checked**
- DHLCHOL** ☐ Low cholesterol diet **1: checked, 0: not checked**
- DHLCARB** ☐ Low carbohydrate diet **1: checked, 0: not checked**
- DHLSALT** ☐ Low salt diet **1: checked, 0: not checked**
- DHHPROT** ☐ High protein diet **1: checked, 0: not checked**
- DHHFIBER** ☐ High fiber diet **1: checked, 0: not checked**
- DHLFIBER** ☐ Low fiber diet **1: checked, 0: not checked**
- DHPOTASS** ☐ High potassium diet **1: checked, 0: not checked**
- DHWEIGHT** ☐ Weight loss diet **1: checked, 0: not checked**
- DHLQGAIN** ☐ Liquid diet to gain weight **1: checked, 0: not checked**
- DHLQLOSE** ☐ Liquid diet to lose weight **1: checked, 0: not checked**
- DHDIABD** ☐ Diabetic diet **1: checked, 0: not checked**
- DHVEG** ☐ Vegetarian **1: checked, 0: not checked**
- DHOTHER** ☐ Other diet. Please specify:
1: checked, 0: not checked

this area not in database

Yes/No are 1,0 unless otherwise indicated.

Tobacco & Alcohol Use

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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① Have you smoked at least 100 cigarettes (5 packs) in your entire life?

☐ Yes ☐ No

How old were you when you first started smoking regularly?

--	--	--

years old.

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

--	--	--

cigarettes

Do you smoke cigarettes now?

☐ Yes ☐ No

About how many cigarettes do you smoke per day?

--	--	--

cigarettes

How old were you when you stopped smoking?

--	--	--

years old

TUPACKYR

TURSMOKE

TUSMYRST

② Have you ever used chewing tobacco or snuff on a regular basis?

☐ Yes ☐ No

How old were you when you first started using chewing tobacco or snuff fairly regularly?

--	--	--

years old.

Do you use snuff or chewing tobacco now?

☐ Yes ☐ No

About how many containers do you use per week?

--	--

containers per week

How old were you when you last used fairly regularly?

--	--	--

years old

TURSNUFF

③ Have you ever smoked a pipe or cigars regularly?

☐ Yes ☐ No

For how many years?

--	--	--

years.

About how much did/do you smoke?

--	--

pipes or cigars per week.

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Version 1.0 01.07.00 MrOS TU Tobacco & Alcohol Use

Yes/No are yes=1,no=0 unless otherwise indicated.

Draft



Tobacco & Alcohol Use

4 Have you had at least 12 alcoholic drinks in your entire life?

☐ Yes ☐ No

TUDRINKA

Have you ever felt you should cut down on your drinking?

☐ Yes ☐ No

TUCAGEC

Have people ever annoyed you by criticizing your drinking?

☐ Yes ☐ No

TUCAGEA

Have you ever felt bad or guilty about your drinking?

☐ Yes ☐ No

TUCAGEG

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

☐ Yes ☐ No

TUCAGEE

TUCAGE



Physical Activity

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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The next few questions ask about your physical activity during the last 7 days. If the last 7 days have not been typical because of illness or bad weather, please estimate based on two or three weeks ago.

PASCORE

- ① Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

☐ ⁰ Never ☐ ¹ Seldom (1-2 days) ☐ ² Sometimes (3-4 days) ☐ ³ Often (5-7 days) **PASIT**

Go to
Question 2

What were these activities?

this area not in database

On average, how many hours per day did you engage in these sitting activities?

☐ ¹ Less than 1 hour ☐ ² Between 1 and 2 hours ☐ ³ 2-4 hours ☐ ⁴ More than 4 hours **PASITT**

- ② Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

☐ ⁰ Never ☐ ¹ Seldom (1-2 days) ☐ ² Sometimes (3-4 days) ☐ ³ Often (5-7 days) **PAWALK**

Go to
Question 3

What were these activities?

PAWALKW

PASELEIS

On average, how many hours per day did you spend walking?

☐ ¹ Less than 1 hour ☐ ² Between 1 and 2 hours ☐ ³ 2-4 hours ☐ ⁴ More than 4 hours **PAWALKT**

- ③ Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

☐ ⁰ Never ☐ ¹ Seldom (1-2 days) ☐ ² Sometimes (3-4 days) ☐ ³ Often (5-7 days) **PALTE**

Go to
Question 4

What were these activities?

PALTEW

On average, how many hours per day did you engage in these light sport or recreational activities?

☐ ¹ Less than 1 hour ☐ ² Between 1 and 2 hours ☐ ³ 2-4 hours ☐ ⁴ More than 4 hours **PALTET**

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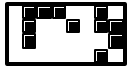
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MrOSPAPhysAct(PASE)1.27
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yes/No are yes=1,no=0 unless otherwise indicated.



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Physical Activity



- ④ Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

☐ ⁰ Never
 ☐ ¹ Seldom (1-2 days)
 ☐ ² Sometimes (3-4 days)
 ☐ ³ Often (5-7 days)

PAMOD

PAMODW

Go to
Question 5

What were these activities?

this area not in database

On average, how many hours per day did you engage in these moderate sport or recreational activities?

☐ ¹ Less than 1 hour
 ☐ ² Between 1 and 2 hours
 ☐ ³ 2-4 hours
 ☐ ⁴ More than 4 hours

PAMODT

- ⑤ Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic exercise, skiing (downhill or cross country) or other similar activities?

☐ ⁰ Never
 ☐ ¹ Seldom (1-2 days)
 ☐ ² Sometimes (3-4 days)
 ☐ ³ Often (5-7 days)

PASTR

PASTRW

Go to
Question 6

What were these activities?

On average, how many hours per day did you engage in these strenuous sport or recreational activities?

☐ ¹ Less than 1 hour
 ☐ ² Between 1 and 2 hours
 ☐ ³ 2-4 hours
 ☐ ⁴ More than 4 hours

PASTRT

- ⑥ Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

☐ ⁰ Never
 ☐ ¹ Seldom (1-2 days)
 ☐ ² Sometimes (3-4 days)
 ☐ ³ Often (5-7 days)

PAWGT

PAWGTW

Go to
Question 7

What were these activities?

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

☐ ¹ Less than 1 hour
 ☐ ² Between 1 and 2 hours
 ☐ ³ 2-4 hours
 ☐ ⁴ More than 4 hours

PAWGTT



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Physical Activity



- 7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?

☐ Yes ☐ No

PALHW

PALHWW

- 8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?

☐ Yes ☐ No

PAHHW

PAHHWW

- 9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.)

Home repairs, like painting, wallpapering, electrical work, etc.?

☐ Yes ☐ No

PAHOME

PAHOMEW

Lawn work or yard care, including snow or leaf removal, wood chopping, etc.?

☐ Yes ☐ No

PALAWN

PALAWNW

Outdoor gardening?

☐ Yes ☐ No

PAGARDEN

PAGARDNW

Caring for another person, such as children, dependent spouse, or another adult?

☐ Yes ☐ No

PACARE

PACAREW

- 10 During the past 7 days did you work, either for pay or as a volunteer?

☐ Yes ☐ No

PAWK

PAWKW

PASEOCC

How many hours in the past week did you work for pay and/or as a volunteer?

PAWKH

--	--

hours

Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

- 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

- 3 **Examples:** mailman, waiter/waitress, construction worker, heavy tool and machinery worker

- 4 ☐ Walking and heavy manual work often requiring handling materials weighing more than 50 pounds

Examples: lumberjack, stone mason, farm or general laborer.



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Lifestyle

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1 Compared to other people your own age, how would you rate your overall health?

- 1 Excellent for my age 2 Good for my age 3 Fair for my age 4 Poor for my age 5 Very poor for my age

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?

- 2 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? Yes, limited a lot 1 Yes, limited a little 2 No, not limited at all 3
- 3 Climbing several flights of stairs? 1 2 3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of your physical health?

- 4 Accomplished less than you would like Yes No
- 5 Were limited in the kind of work or other activities Yes No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of any emotional problems (such as feeling depressed or anxious)?

- 6 Accomplished less than you would like Yes No
- 7 Didn't do work or other activities as carefully as usual Yes No

8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

These questions are about how you feel and how things have been with you during the past 4 weeks. 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 4 weeks . . .

- 9 Have you felt calm and peaceful? All of the time 5 Most of the time 4 A good bit of the time 3 Some of the time 2 A little of the time 1 None of the time 0
- 10 Did you have a lot of energy? 0 1 2 3 4 5
- 11 Have you felt downhearted and blue? 0 1 2 3 4 5

12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

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

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Yes/No are yes=1,no=0 unless otherwise indicated.

The following questions are about how well you are able to do certain activities, by yourself and without using any special aids.

13 Do you have **ANY** difficulty walking 2 or 3 blocks outside on level ground?

QLBLK1
QLBLK2
QLRBLK1

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #14

How much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it

Is this because of a health or physical problem?

☐ Yes ☐ No ☐ I don't know

14 Do you have **ANY** difficulty climbing up 10 steps without resting?

QLSTP1
QLSTP2
QLRSTP1

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #15

How much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it

Is this because of a health or physical problem?

☐ Yes ☐ No ☐ I don't know

15 Do you have **ANY** difficulty preparing your own meals?

QLMEL1
QLMEL2
QLRMEL1

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #16

How much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it

Is this because of a health or physical problem?

☐ Yes ☐ No ☐ I don't know

16 Do you have **ANY** difficulty doing heavy housework, like scrubbing floors or washing windows?

QLHHW1
QLHHW2
QLRHHW1

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #17

How much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it

Is this because of a health or physical problem?

☐ Yes ☐ No ☐ I don't know

17 Do you have **ANY** difficulty doing your own shopping for groceries or clothes?

QLSHP1
QLSHP2
QLRSHP1

☐ Yes

☐ No

☐ I don't do it

GO TO NEXT SECTION

How much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it

Is this because of a health or physical problem?

☐ Yes ☐ No ☐ I don't know

Fracture History

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① Has a doctor ever told you that you broke or fractured a bone?

FFFRAC

☐ Yes

☐ No

Go to Question #2, Page 25

FFNOHS FFNOHP

FFNOHSW FFNOSP

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

FFHIP

☐ Yes

☐ No

Go to Part B

FFNT504 FFNT502

FFNTGT50 FFNTLE50

How old were you when you broke or fractured your hip? If you broke or fractured your hip more than once, please list each age that you broke this bone.

For entire form, 5=SI=Sports Injury

4=MVA=Motor Vehicle Accident

3=ASH=Fall from above standing height

2=SH=Fall from standing height

1=BSH=Fall from below standing height

6=OTH=Other trauma

FFNTAGE

FFHIPAG1

--	--	--

years old

How did you break your hip at this age?

this area not in database

FFHIPTTR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFHIPAG2

--	--	--

years old

How did you break your hip at this age?

FFHIPTTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFHIPAG3

--	--	--

years old

How did you break your hip at this age?

FFHIPTTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

B. Has a doctor ever told you that you broke or fractured your wrist or forearm?

FFWST

☐ Yes

☐ No

Go to Part C

How old were you when you broke or fractured your wrist or forearm? If you broke or fractured your wrist/forearm more than once, please list each age that you broke this bone.

FFNMGT50 FFNMLE50

FFMAXAGE FFFX50

FFWSTAG1

--	--	--

years old

How did you break your wrist/forearm at this age?

this area not in database

FFWSTTR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFWSTAG2

--	--	--

years old

How did you break your wrist/forearm at this age?

FFWSTTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFWSTAG3

--	--	--

years old

How did you break your wrist/forearm at this age?

FFWSTTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

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Fracture History

1 Continued . . .

C. Has a doctor ever told you that you broke or fractured your **spine**?

FFSPN ☐ Yes ☐ No → [Go to Part D](#)

How old were you when you broke or fractured your **spine**? If you broke or fractured your spine more than once, please list each age that you broke this bone.

FFSPNAG1

--	--	--

years old

How did you break your spine at this age?

--

FFSPNTR1

CLINIC USE ONLY

5 ☐ SI 4 ☐ MVA 6 ☐ OTH
2 ☐ SH 1 ☐ BSH 3 ☐ ASH

FFSPNAG2

--	--	--

years old

How did you break your spine at this age?

--

FFSPNTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFSPNAG3

--	--	--

years old

How did you break your spine at this age?

--

FFSPNTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

D. Has a doctor ever told you that you broke or fractured your **shoulder or collar bone**?

FFSLD ☐ Yes ☐ No → [Go to Part E](#)

How old were you when you broke or fractured your **shoulder or collar bone**? If you broke or fractured your shoulder/collar bone more than once, please list each age that you broke this bone.

FFSLDAG1

--	--	--

years old

How did you break your shoulder/collar bone at this age?

--

FFSLDTR1

CLINIC USE ONLY

5 ☐ SI 4 ☐ MVA 6 ☐ OTH
2 ☐ SH 1 ☐ BSH 3 ☐ ASH

FFSLDAG2

--	--	--

years old

How did you break your shoulder/collar bone at this age?

--

FFSLDTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFSLDAG3

--	--	--

years old

How did you break your shoulder/collar bone at this age?

--

FFSLDTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

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Fracture History

1 Continued . . .

E. Has a doctor ever told you that you broke or fractured your **upper arm**?

FFUAM ☐ Yes ☐ No → [Go to Part F](#)

How old were you when you broke or fractured your **upper arm**? If you broke or fractured your upper arm more than once, please list each age that you broke this bone.

FFUAMAG1

--	--	--

How did you break your upper arm at this age?
_____ years old → _____

FFUAMTR1

CLINIC USE ONLY

5 ☐ SI 4 ☐ MVA 6 ☐ OTH
2 ☐ SH 1 ☐ BSH 3 ☐ ASH

FFUAMAG2

--	--	--

How did you break your upper arm at this age?
_____ years old → _____

FFUAMTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFUAMAG3

--	--	--

How did you break your upper arm at this age?
_____ years old → _____

FFUAMTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

F. Has a doctor ever told you that you broke or fractured your **ribs, chest or sternum**?

FFRCS ☐ Yes ☐ No → [Go to Part G](#)

How old were you when you broke or fractured your **ribs/chest/sternum**? If you broke or fractured your ribs/chest/sternum more than once, please list each age that you broke this bone.

FFRCSAG1

--	--	--

How did you break your ribs/chest/sternum at this age?
_____ years old → _____

FFRCSSTR1

CLINIC USE ONLY

5 ☐ SI 4 ☐ MVA 6 ☐ OTH
2 ☐ SH 1 ☐ BSH 3 ☐ ASH

FFRCSAG2

--	--	--

How did you break your ribs/chest/sternum at this age?
_____ years old → _____

FFRCSSTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFRCSAG3

--	--	--

How did you break your ribs/chest/sternum at this age?
_____ years old → _____

FFRCSSTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

PAGE LINK #

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Fracture History

1 Continued . . .

G. Has a doctor ever told you that you broke or fractured your upper leg? (NOT HIP)

FFULG



☐ Yes ☐ No →

Go to Part H

How old were you when you broke or fractured your upper leg? If you broke or fractured your upper leg more than once, please list each age that you broke this bone.

FFULGAG1

--	--	--

How did you break your upper leg at this age?

years old →

--

FFULGAG2

--	--	--

How did you break your upper leg at this age?

years old →

--

FFULGAG3

--	--	--

How did you break your upper leg at this age?

years old →

--

FFULGTR1

CLINIC USE ONLY

5 ☐ SI ☐ MVA ☐ OTH
2 ☐ SH ☐ BSH ☐ ASH

FFULGTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFULGTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

H. Has a doctor ever told you that you broke or fractured your knee or knee cap?

FFKNC



☐ Yes ☐ No →

Go to Part I

How old were you when you broke or fractured your knee or knee cap? If you broke or fractured your knee cap more than once, please list each age that you broke this bone.

FFKNCAG1

--	--	--

How did you break your knee or knee cap at this age?

years old →

--

FFKNCTR1

CLINIC USE ONLY

5 ☐ SI ☐ MVA ☐ OTH
2 ☐ SH ☐ BSH ☐ ASH

FFKNCTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFKNCTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFKNCAG2

--	--	--

How did you break your knee or knee cap at this age?

years old →

--

FFKNCAG3

--	--	--

How did you break your knee or knee cap at this age?

years old →

--

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Fracture History

1 Continued . . .

I. Has a doctor ever told you that you broke or fractured your **lower leg**?

FFLLG ☐ Yes ☐ No → Go to Part J

How old were you when you broke or fractured your **lower leg**? If you broke or fractured your lower leg more than once, please list each age that you broke this bone.

FFLLGAG1 How did you break your lower leg at this age?
 years old →

FFLLGAG2 How did you break your lower leg at this age?
 years old →

FFLLGAG3 How did you break your lower leg at this age?
 years old →

FFLLGTR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFLLGTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFLLGTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

J. Has a doctor ever told you that you broke or fractured your **ankle, foot or toes**?

FFAFT ☐ Yes ☐ No → Go to Part K

How old were you when you broke or fractured your **ankle, foot or toes**? If you broke or fractured your ankle/foot/toes more than once, please list each age that you broke this bone.

FFAFTAG1 How did you break your ankle/foot/toes at this age?
 years old →

FFAFTAG2 How did you break your ankle/foot/toes at this age?
 years old →

FFAFTAG3 How did you break your ankle/foot/toes at this age?
 years old →

FFAFTTR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFAFTTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFAFTTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

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Fracture History

1 Continued . . .

K. Has a doctor ever told you that you broke or fractured your **hand or fingers**?

FFHFI

☐ Yes ☐ No →

Go to Part L

How old were you when you broke or fractured your **hand or fingers**? If you broke or fractured your hand or fingers more than once, please list each age that you broke this bone.

FFHFIAG1

--	--	--

How did you break your hand or fingers at this age?
years old →

FFHFITR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFHFIAG2

--	--	--

How did you break your hand or fingers at this age?
years old →

FFHFITR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

FFHFIAG3

--	--	--

How did you break your hand or fingers at this age?
years old →

FFHFITR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

L. Has a doctor ever told you that you broke or fractured a bone(s) that is not on this list?

FFOTH

☐ Yes ☐ No →

Go to next question

How old were you when you broke or fractured this bone? If you broke or fractured this bone more than once, please list each age that you broke this bone.

Bone:

this field not
in data base

FFOTHAG1

--	--	--

How did you break this bone at this age?
years old →

FFOTHTR1

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

Bone:

FFOTHAG2

--	--	--

How did you break this bone at this age?
years old →

FFOTHTR2

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

Bone:

FFOTHAG3

--	--	--

How did you break this bone at this age?
years old →

FFOTHTR3

CLINIC USE ONLY

☐ SI ☐ MVA ☐ OTH
☐ SH ☐ BSH ☐ ASH

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Fracture History -- Family History

- 2 Was your natural mother ever told by a doctor that she had osteoporosis, sometimes called thin or brittle bones? Please answer for your natural mother--the mother who gave birth to you.

FFMOMOST ¹☐ Yes ⁰☐ No ⁸☐ Don't Know

- 3 Did your natural mother ever break or fracture a bone? Please answer for your natural mother--the mother who gave birth to you.

FFMOMFX ¹☐ Yes ⁰☐ No ⁸☐ Don't Know

Did your natural mother ever break or fracture her **HIP**?

¹☐ Yes ⁰☐ No ⁸☐ Don't Know **FFMOMHIP**

Did your natural mother ever break or fracture her **WRIST OR FOREARM**?

¹☐ Yes ⁰☐ No ⁸☐ Don't Know **FFMOMWST**

Did your natural mother ever break or fracture her **SPINE**?

¹☐ Yes ⁰☐ No ⁸☐ Don't Know **FFMOMSPN**

Did your natural mother ever break a bone not listed above?

¹☐ Yes ⁰☐ No ⁸☐ Don't Know **FFMOMOTH**

Please specify:

this field not in database

- 4 Is your natural mother still living?

FFMOM ¹☐ Yes ⁰☐ No ⁸☐ Don't Know

How old is your natural mother now?

FFMOMAGE
 years old

How old was your natural mother when she died?

FFMOMDIE
 years old

- 5 Was your natural father ever told by a doctor that he had osteoporosis, sometimes called thin or brittle bones?

FFDADOST ☐ Yes ☐ No ☐ Don't Know

Fracture History -- Family History

- 6 Did your natural father ever break or fracture a bone?

FFDADFX

¹ Yes ⁰ No ⁸ Don't Know

Did your natural father ever break or fracture his HIP?

¹ Yes ⁰ No ⁸ Don't Know

FFDADHIP

Did your natural father ever break or fracture his WRIST OR FOREARM?

¹ Yes ⁰ No ⁸ Don't Know

FFDADWST

Did your natural father ever break or fracture his SPINE?

¹ Yes ⁰ No ⁸ Don't Know

FFDADSPN

Did your natural father ever break a bone not listed above?

¹ Yes ⁰ No ⁸ Don't Know

FFDADOTH

Please specify:

- 7 Is your natural father still living?

FFDAD

¹ Yes ⁰ No ⁸ Don't Know

How old is your natural father now?

FFDADAGE

--	--	--

years old

How old was your natural father when he died?

FFDADDIE

--	--	--

years old

- 8 How many full brothers and sisters, if any, do you currently have? Include only brothers and sisters who are still living. Do not include half-siblings, step-siblings or siblings who are not blood relatives.

FFSIS

--	--

Number of full sisters living

FFBRO

--	--

Number of full brothers living

- 9 How many sons and daughters, related by blood, do you have? Include only children who are still living. Do not include stepchildren or adopted children.

FFSON

--	--

Number of sons still living

FFDAUGH

--	--

Number of daughters still living

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Back and Joint Health

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① During **THE PAST 12 MONTHS**, have you had any back pain?

BHPAIN

☐ Yes ☐ No

Go to question 6, next page.

How often were you bothered by back pain in the **PAST 12 MONTHS**?

BHFREQ

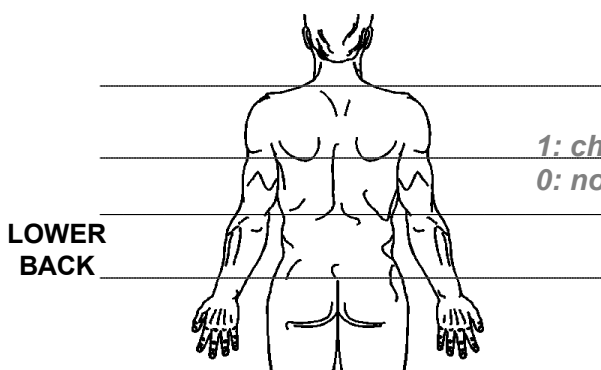
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

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

BHSEV

☐ Mild ☐ Moderate ☐ Severe

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

CLINIC
USE ONLY

☐ NK ☐ UB ☐ MB ☐ LB ☐ BK

1: checked

0: not checked

Are your symptoms better, worse or the same when you are:

Lying in bed? ☐ Better ☐ Worse ☐ Same

Sitting in a chair? ☐ Better ☐ Worse ☐ Same

Standing? ☐ Better ☐ Worse ☐ Same

Walking? ☐ Better ☐ Worse ☐ Same

Leaning forward?
(For instance, on a grocery cart) ☐ Better ☐ Worse ☐ Same

② In the **PAST 12 MONTHS**, have you suffered lower back pain? (See drawing, above.)

BHLWBK

☐ Yes ☐ No

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times

How bothersome has this pain been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome

Yes/No are 1,0 unless otherwise indicated.

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Back and Joint Health

- 3 In the **PAST 12 MONTHS**, have you suffered **back pain that went down into the buttock, hip, leg or foot?**

☐ Yes ☐ No **BHPDWN**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHPDWNFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHPDWNBT**

- 4 In the **PAST 12 MONTHS**, have you suffered **back pain with numbness or tingling in the buttock, thigh, lower leg or foot?**

☐ Yes ☐ No **BHBNUM**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHBNUMFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHBNUMBT**

- 5 In the **PAST 12 MONTHS**, have you suffered **back pain with a feeling of weakness in the leg, ankle or foot?**

☐ Yes ☐ No **BHBWEK**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHBWEKFQ**

How bothersome has this pain been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHBWEKBT**

- 6 In the **PAST 12 MONTHS**, have you suffered **neck pain?**

☐ Yes ☐ No **BHNECK**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHNECKFQ**

How bothersome has this pain been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHNECKBT**

Does this pain feel better, worse or the same when you extend your head to look upward?

☐ Better ☐ Worse ☐ Same **BHNECKUP**





Draft

Back and Joint Health

- 7) In the **PAST 12 MONTHS**, have you suffered **neck pain with pain radiating down to arm or hand?**

☐ Yes ☐ No **BHARMN**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHARMNFQ**

How bothersome has this pain been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHARMNBT**

Does this pain feel better, worse or the same when you extend your head to look upward?

☐ Better ☐ Worse ☐ Same **BHARMNUP**

- 8) In the **PAST 12 MONTHS**, have you suffered **numbness or tingling in your arm or hand?**

☐ Yes ☐ No **BHANUM**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHANUMFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHANUMBT**

- 9) In the **PAST 12 MONTHS**, have you suffered **weakness in your arm or hand?**

☐ Yes ☐ No **BHAWEK**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHAWEKFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHAWEKBT**

- 10) In the **PAST 12 MONTHS**, have you suffered **clumsiness when walking?**

☐ Yes ☐ No **BHWCLM**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHWCLMFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHWCLMBT**

- 11) In the **PAST 12 MONTHS**, have you suffered **clumsiness when using your hands?**

☐ Yes ☐ No **BHHCLM**

How often?

☐ Once ☐ 2 to 3 times ☐ More than 3 times **BHHCLMFQ**

How bothersome has this symptom been?

☐ Not at all ☐ Slightly bothersome ☐ Moderately bothersome ☐ Extremely bothersome **BHHCLMBT**





Draft

Back and Joint Health

BHLIKTO2

BHLIKGE6

BHLIKTOT

12 During THE PAST 12 MONTHS, have you limited your activities because of back pain?

☒ Yes ☐ No **BHLIMIT**

How many days did you stay in bed (or lie down) at least half of the day because of your back?

--	--	--

BHBACKBD

days

How many days did you limit or cut down on your usual activities because of back pain?
Do not include days in bed.

--	--	--

BHBACKLM

days

13 Do you have any difficulty bending down to pick up lightweight things (like clothing) from the floor?

☒ Yes ☐ No **BHLITE**

How much difficulty do you have doing this?

☒ 1 Some difficulty

☐ 2 Much difficulty **BHLITED**

☐ 3 Unable to do

BHLITEC

Is this difficulty due to back pain or because of other reasons?

☒ 1 Because of back pain

☐ 0 Because of other reasons

BHLITEB

14 Do you have any difficulty lifting a ten-pound object (such as a bag of potatoes) up from the floor?

☒ Yes ☐ No **BHLIFTM**

How much difficulty do you have doing this?

☒ 1 Some difficulty

☐ 2 Much difficulty **BHLIFTMD**

☐ 3 Unable to do

BHLIFTMC

Is this difficulty due to back pain or because of other reasons?

☒ 1 Because of back pain

☐ 0 Because of other reasons

BHLIFTMB



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Back and Joint Health

- 15 Do you have any difficulty reaching an object just above your head, such as a jar on a shelf?

☐ Yes ☐ No *BHREACH*

How much difficulty do you have doing this?

☐ 1 Some difficulty

☐ 2 Much difficulty *BHREACHD*

☐ 3 Unable to do

BHREACHC

Is this difficulty due to back pain or because of other reasons?

☐ 1 Because of back pain

☐ 0 Because of other reasons

BHREACHB

- 16 Do you have any difficulty putting socks on either foot?

☐ Yes ☐ No *BH SOCK*

How much difficulty do you have doing this?

☐ 1 Some difficulty

☐ 2 Much difficulty *BH SOCKD*

☐ 3 Unable to do

BH SOCKC

Is this difficulty due to back pain or because of other reasons?

☐ 1 Because of back pain

☐ 0 Because of other reasons

BH SOCKB

- 17 Do you have any difficulty getting in or out of the front seat of a car?

☐ Yes ☐ No *BH CAR*

How much difficulty do you have doing this?

☐ 1 Some difficulty

☐ 2 Much difficulty *BH CARD*

☐ 3 Unable to do

BH RCARC

Is this difficulty due to back pain or because of other reasons?

☐ 1 Because of back pain

☐ 0 Because of other reasons

BH CARB





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Back and Joint Health

18 Do you have any difficulty standing or being on your feet for about 2 hours?

☒ Yes ☐ No **BHSTND**

How much difficulty do you have doing this?

- 1 ☐ Some difficulty
 2 ☐ Much difficulty **BHSTNDD**
 3 ☐ Unable to do

BHSTNDC

Is this difficulty due to back pain or because of other reasons?

- 1 ☐ Because of back pain **BHSTNDB**
 0 ☐ Because of other reasons

19 Do you have any difficulty sitting in a chair for about 30 minutes without getting up?

☒ Yes ☐ No **BHSIT**

How much difficulty do you have doing this?

- 1 ☐ Some difficulty
 2 ☐ Much difficulty **BHSITD**
 3 ☐ Unable to do

BHSITCC

Is this difficulty due to back pain or because of other reasons?

- 1 ☐ Because of back pain **BHSIT**
 0 ☐ Because of other reasons

20 In the past 12 months, have you had pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month? Do not include pain from the lower back.

☒ Yes ☐ No **BHHIP**

Was this pain in the left hip, right hip or both hips?

- 1 ☐ Left hip
 2 ☐ Right hip
 3 ☐ Both hips

BHHIPSD

21 In the past 12 months, have you had pain, aching or stiffness in either knee on most days for at least one month? Include pain, aching and stiffness in or around your knee, including the front, back and side of knee.

☒ Yes ☐ No **BHKNEE**

Was this pain in the left knee, right knee or both knees?

- 1 ☐ Left knee
 2 ☐ Right knee
 3 ☐ Both knees

BHKNEESD





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Clinic Interview

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CISTAFF

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ALCOHOL USE

- 1 In the **past 12 months**, have you had at least 12 drinks of any kind of alcoholic beverage?

☒ Yes
 ☐ No
 ☐ Refused
 ☐ Don't Know

TU12DRIN

TUDRPRWK

- a. In the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverage?

TUDRAVG

--	--

☐ Week
☐ Month
☐ Year

TUDRFREQ

days per

- b. On the average, on the days that you drank alcohol, how many drinks did you have a day?

TUDRDAY

--	--

drinks

TUDRSWC

- c. In the past 12 months, how many days per week, month, or year did you have five or more drinks on a single day? Include all types.

TUDR5PLS

--	--

days per

☐ Week
☐ Month
☐ Year

TUDR5PER

TUDR5NO

☐ I did not have at least five drinks on any day

1: checked, 0: not checked

- d. In the past 12 months, how many days per week, month, or year did you have nine or more drinks on a single day. Include all types.

TUDR9PLS

--	--

days per

☐ Week
☐ Month
☐ Year

TUDR9PER

TUDR9NO

☐ I did not have at least nine drinks on any day

1: checked, 0: not checked

- 2 Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

☐ Yes
 ☐ No
 ☐ Refused
 ☐ Don't Know

TUDREVER

Yes/No are yes=1,no=0 unless otherwise indicated.

CIPAGELK

PAGE LINK #

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PAGE 1

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Clinic Interview

SOCIAL AND ECONOMIC STATUS

③ Think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful to you. At the **top** of the ladder are the people who have the highest standing in their community. At the **bottom** are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people your community.

CISELAD2

CLINIC USE ONLY											
1	2	3	4	5	6	7	8	9	10	Refused	
1	2	3	4	5	6	7	8	9	10	Don't Know	
Lowest rung = 1											

④ Think of this ladder as representing where people stand in the United States.

At the **top** of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off - who have the least money, least education and and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand at this time in your life, relative to other people in the United States.

CISELAD1

CLINIC USE ONLY											
1	2	3	4	5	6	7	8	9	10	Refused	
1	2	3	4	5	6	7	8	9	10	Don't Know	
Lowest rung = 1											

PAGE LINK #



Draft

Clinic Interview

PHYSICAL ACTIVITY

- 5 Do you take walks for exercise, daily or almost everyday?

CIPIWALK

☐ Yes ☐ No

On the average, how many city blocks or their equivalent do you walk each day for exercise? (12 city blocks=1 mile)

CIPIBLK

--	--	--

blocks

- 6 On average, about how many city blocks do you walk each day as part of your normal routine, such as when you go out shopping?

CIPIBLKN

--	--	--

blocks

- 7 During an average 24-hour day, about how many hours do you spend sleeping and lying down with your feet up? Include time sleeping at night or trying to sleep, resting or stretched out on the sofa watching TV.

CIPILIE

--	--

hours per day

- 8 During an average 24-hour day, about how many hours do you spend sitting upright? Include time sitting at the table eating, driving or riding in a car or bus, sitting watching TV, or talking.

CIPITV

--	--

hours per day

- 9 Over the past year, have you spent more than one week confined to a bed or a chair as a result of any injury, illness or surgery?

CIPICON

☐ Yes ☐ No

How many weeks over this past year were you confined to a bed or chair?

CIPICONN

--	--

weeks



☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No





Job name

~~CIPIJOB3~~

[illegible]

☐ Yes ☐ No

~~CIPIWKN3~~

--	--

months
per year

PIWKD3

--	--

~~D3~~ ~~CIPIWKH3~~

--	--

hours
per day

CIPITWM3
 minutes
 per day

--	--	--

hours
sitting

~~CIPIWK3~~

☐ A ☐ B ☐ C ☐ All time at work spent sitting

~~CIPIJOB4~~

[illegible]

☒ Yes ☐ No

CIPIWKN4

--	--

months
per year

CIPIWKD4

--	--

~~KD4~~ ~~CIPIWKH4~~

--	--

hours
per day

CIPITWM4 minutes
per day

--	--

hours
sitting

~~CIPIWK4~~

☐ A ☐ B ☐ C ☐ All time at work spent sitting

(includes low impact activities)
standing without heavy lifting
light cleaning - ironing, cooking
driving a bus, taxi, tractor
jewelry making/weaving
general office work
occasional/short distance walking

- (includes most indoor activities)
- carrying light loads
- continuous walking
- heavy cleaning - mopping, sweeping
- gardening - planting, weeding
- painting/plastering
- plumbing/welding
- electrical work

(heavy industrial work, outdoor construction, farming)
carrying moderate to heavy loads
heavy construction
farming - hoeing, digging, raking
digging ditches, shoveling
chopping, sawing wood
tree/pole climbing
water/coal/wood hauling

PAGE 5

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Trail Making Task B

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Hand the participant the "Sample Response Sheet."

Say to the participant: "On this page there are some numbers and letters. Begin at number 1 (point to 1) and draw a line to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on, in order, until you reach the end. (Point to the circle marked end.) Remember, first, you have a number (point to 1), then a letter (point to A), then a number (point to 2), then a letter (point to B) and so on. Draw the lines as fast as you can. Ready? Begin."

If the participant makes a mistake, point out the error and explain it. If necessary, guide the participant's hand through the trail, eraser end down. Then say, "Now you try it," and repeat the ordinal directions starting, "Begin at number 1 . . ." Repeat instructions with guidance twice.

If the participant completes the sample item correctly and shows that he understands the task, say, "Good! Let's try the next one," and continue on with the test.

Was the participant able to complete the Sample Response Sheet ?

☐ Yes ☐ No

Why not?

- 1 ☐ Unable due to physical problems (hand tremor, cast, etc.)
- 2 ☐ Participant did not understand directions
- 3 ☐ Other
- 4 ☐ Participant refused

Hand the participant the "Test Response Sheet."

Say to the participant: "On this page there are some numbers and letters. Begin at number 1 (point to 1) and draw a line to A (point to A), A to 2 (point to 2), 2 to B (point to B), B to 3 (point to 3), 3 to C (point to C) and so on, in order, until you reach the end. (Point to the circle marked end.) Remember, first, you have a number (point to 1), then a letter (point to A), then a number (point to 2), then a letter (point to B) and so on. Draw the lines as fast as you can. Ready? Begin."

Start timing as soon as the instruction is given below. Allow a maximum of 300 seconds (5 minutes) for the task. WATCH CLOSELY IN ORDER TO CATCH ANY ERRORS AS SOON AS THEY ARE MADE. If the participant makes an error, identify it immediately, draw a perpendicular line through the incorrect line and tell him to proceed from the number or letter where the mistake occurred. DO NOT STOP TIMING. Record time in seconds and list the number of errors made. If the participant makes more than 5 errors or goes over 300 seconds, stop, score this test, and go on to the next test.

Number of circles connected (maximum=25)	<table border="1"><tr><td></td><td></td></tr></table>			TBCIRCLE	
Total time (maximum=300 seconds)	<table border="1"><tr><td></td><td></td><td></td></tr></table>				TBSECON
Errors:	<table border="1"><tr><td></td><td></td></tr></table>			TBERROR	

Yes/No are yes=1,no=0 unless otherwise indicated.



Pages 7 and 8 are part of the Trails B Test and do not contain any variables.



Teng Mini-Mental

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TMSTAFF

Are you comfortable?

I would like to ask you a few questions that require concentration and memory. Some are a little bit more difficult than others. Some questions will be asked more than once.

Record responses. Code '99' if no response.

1 When were you born?

a.

--	--

 / b.

--	--

 / c.

--	--	--	--

Month Day Year

Where were you born?
Place of Birth?

d.

--

City/town

e.

--

State/Country

Answer given
Can't do/ Refused
Not attempted/ disabled

TMCBORN1

TMGITY

TMSTE

You will ask again
in Question # 18

2 I am going to say three words for you to remember.
Repeat them after I have said all three words:
shirt, blue, honesty

Do not repeat the words for the participant until after the first trial. The participant may give the words in any order. If there are errors on the first trial, repeat the items up to six times until they are learned.

	Correct	Error/ Refused	Not attempted/ disabled	
a. Shirt	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Numbers of presentations necessary for the participant to repeat the sequence:	<table border="1"><tr><td></td></tr></table>			

TMSSHRT

TMBLU

TMHON

TMNUM presentations

3 I would like you to count from 1 to 5.

1 ☐ Able to count forward

2 ☐ Unable to count forward
Say 1-2-3-4-5

TMCNT

Now I would like you to count backwards from 5 to 1.
Record the responses in the order given:
(Enter "99999" if no response)

TMCNTBK

--	--	--	--	--

4 Spell "world".

1 ☐ Able to spell

2 ☐ Unable to spell
"It's spelled W-O-R-L-D."

TMSPL

a. Now spell "world backwards"
(Record letter in order given:
Enter "xxxxx" if no response.)

TMSPWLD

--	--	--	--	--

TMMFLAG

TMMSCORE

TMNAMING

TMSPACE

TMBDAY

TMRECALL

TMTEMPOR

TM4LEG

TMREGIS

TMREVERS

Yes/No are yes=1,no=0 unless otherwise indicated.

5 What three words did I ask you to remember earlier?

The words may be repeated in any order. If the participant cannot give the correct answer after a category cue, provide the three choices listed. If the participant still cannot give the correct answer from the three choices score "Unable to recall/refused" and provide the correct answer.

- a. Shirt** *TM SHRM*
- 1 ☐ Spontaneous recall
 - 2 ☐ Correct word/incorrect form
 - 3 ☐ After "Something to wear."
 - 4 ☐ After "Was it shirt, shoes, or socks?"
 - 5 ☐ Unable to recall/refused (provide the correct answer)
 - 6 ☐ Not attempted/disabled

- b. Blue** *TM BLRM*
- 1 ☐ Spontaneous recall
 - 2 ☐ Correct word/incorrect form
 - 3 ☐ After "A color."
 - 4 ☐ After "Was it blue, black, or brown?"
 - 5 ☐ Unable to recall/refused (provide the correct answer)
 - 6 ☐ Not attempted/disabled

- c. Honesty** *TM HNRM*
- 1 ☐ Spontaneous recall
 - 2 ☐ Correct word/incorrect form
 - 3 ☐ After "A good personal quality"
 - 4 ☐ After "Was it honesty, charity, modesty?"
 - 5 ☐ Unable to recall/refused (provide the correct answer)
 - 6 ☐ Not attempted/disabled

6 a. What is today's date?

TM 2DAY

		/			/				
Month			Day			Year			

b. What is the day of the week?

Record answer in error. Enter 'X' if no response.

- TM DAYWK*
- 1 ☐ Correct
 - 2 ☐ Error/refused _____ Day of the week
 - 3 ☐ Not attempted/disabled

c. What season of the year is it?

Record answer in error. Enter 'X' if no response.

- TM SEAS*
- 1 ☐ Correct
 - 2 ☐ Error/refused _____ Season
 - 3 ☐ Not attempted/disabled

7 a. What state are we in?

Record answer in error. Enter 'X' if no response.

- TM STAT*
- 1 ☐ Correct
 - 2 ☐ Error/refused _____ State
 - 3 ☐ Not attempted/disabled

b. What county are we in?

Record answer in error. Enter 'X' if no response.

- TM CNTY*
- 1 ☐ Correct
 - 2 ☐ Error/refused _____ County
 - 3 ☐ Not attempted/disabled

c. What (city/town) are we in?

Record answer in error. Enter 'X' if no response.

- TM CITN*
- 1 ☐ Correct
 - 2 ☐ Error/refused _____ City/town
 - 3 ☐ Not attempted/disabled

d. Are we in a clinic, store, or home?

If correct answer is not among the three alternatives (e.g., hospital or nursing home), substitute it for the middle alternative (store). If the participant states that none is correct, ask them to make the best choice of the three options.

- TM WHRE*
- 1 ☐ Correct
 - 2 ☐ Error/refused
 - 3 ☐ Not attempted/disabled

- 8** Point to the object or a part of your own body and ask the participant to name it.
Score "Error/Refused" if the participant cannot name it within 2 seconds or gives an incorrect name. Do not wait for the participant to mentally search for the name.

	Correct	Error/ Refused	Not attempted/ disabled
a. Pencil: What is this?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Watch: What is this?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Forehead: What do you call this part of the face?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Chin: And this part?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Shoulder: And this part of the body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Elbow: And this part?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Knuckle: And this part?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 9** What animals have four legs? Tell me as many as you can.

Discontinue after 30 seconds. Record the total number of correct responses. If the participant gives no response in 10 seconds and there are still at least 10 seconds remaining, gently remind them (once only): "What (other) animals have four legs?" The first time an incorrect answer is provided, say, "I want four-legged animals." Do not correct for subsequent errors.

Score (total correct responses):

--	--

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Write any additional correct answers on a separate sheet)

- 10** a. In what way are an arm and a leg alike?

If the initial response is scored "Lesser correct answer" or "Error", coach the participant by saying "An arm and a leg are both limbs or extremities" to reinforce the correct answer. Coach only for Question 10a. No other prompting or coaching is allowed.

- ☐ Limbs, extremities, appendages
- ☐ Lesser correct answer (e.g., body parts, both bend, have joints)
- ☐ Error/refused (e.g. states differences, gives unrelated answer)
- ☐ Not attempted/disabled

- b. In what way are laughing and crying alike?

- ☐ Expressions of feelings, emotions
- ☐ Lesser correct answer (e.g., sounds, expressions, other similar responses)
- ☐ Error/refused (e.g. states differences, gives unrelated answer)
- ☐ Not attempted/disabled

- c. In what way are eating and sleeping alike?

- ☐ Necessary bodily functions, essential for life
- ☐ Lesser correct answer (e.g., bodily functions, relaxing, 'good for you or other similar responses)
- ☐ Error/refused (e.g. states differences, gives unrelated answer)
- ☐ Not attempted/disabled

- 11** Repeat what I say: I would like to go out.

Pronounce the individual words distinctly but with normal tempo of a spoken sentence.

- ☐ Correct
- ☐ 1 or 2 words missed
- ☐ 3 or more words missed/refused
- ☐ Not attempted/disabled

12 Now repeat: **No ifs, ands or buts.**

Pronounce the individual words distinctly but with normal tempo of a spoken sentence. Give no credit if the participant misses the "s."

	Correct	Error/ Refused	Not attempted/ disabled
a. no ifs	<input type="radio"/>	<input type="radio"/> <i>TMIF</i>	<input type="radio"/>
b. ands	<input type="radio"/>	<input type="radio"/> <i>TMAND</i>	<input type="radio"/>
c. or buts	<input type="radio"/>	<input type="radio"/> <i>TMBUT</i>	<input type="radio"/>

13 Hold up Card # 1 and say, **"PLEASE DO THIS."**

If the participant does not close their eyes within 5 seconds, prompt by pointing to the sentence and saying "READ AND DO WHAT THIS SAYS." If the participant has already read the sentence aloud spontaneously, simply say, "DO WHAT THIS SAYS."

Allow 5 seconds for the response. Assign the appropriate score - See below. As soon as the participant closes their eyes, say "Open."

- ☐ Closes eyes without prompting
- ☐ Closes eyes after prompting
- ☐ Reads aloud, but does not close eyes *TMCRD1*
- ☐ Does not read aloud or close eyes/refused
- ☐ Not attempted/disabled

14 Please write the following sentence:
I would like to go out.

Hand participant a piece of blank paper and a #2 pencil with eraser. If necessary, repeat the sentence word by word as the participant writes. Allow a maximum of 1 minute after the first reading of the sentence for scoring the task.

Either printing or cursive writing is allowed. Score "Correct" for each correct word, but no credit for "I". For each word, score "Error/Refused" if there are spelling errors or incorrect mixed capitalizations (all letters printed in uppercase are permissible). Self-corrected errors are acceptable.

	Correct	Error/ Refused	Not attempted/ disabled
a. would	<input type="radio"/>	<input type="radio"/> <i>TMWLD</i>	<input type="radio"/>
b. like	<input type="radio"/>	<input type="radio"/> <i>TMLKE</i>	<input type="radio"/>
c. to	<input type="radio"/>	<input type="radio"/> <i>TMT0</i>	<input type="radio"/>
d. go	<input type="radio"/>	<input type="radio"/> <i>TMGO</i>	<input type="radio"/>
e. out	<input type="radio"/>	<input type="radio"/> <i>TMOUT</i>	<input type="radio"/>

Note which hand the participant uses to write. If this task is not done, ask participant if they are right or left handed. (Use in Question #16)

- ☐ 1 Right
- ☐ 2 Left *TMHAND*
- ☐ 3 Unknown

- 15** Here is a drawing. Please copy the drawing onto this piece of paper.

Hand participant Card #2. Allow 1 minute for copying. For right-handed participants, present the sample on the left side; for left-handed participants, present the sample on the right side. Allow a maximum of 1 minute for response. Do not penalize for self-corrected errors, tremors, minor gaps, or overshoots.

a. Pentagon 1

- ☐ 5 approximately equal sized sides
- ☐ 5 sides, but longest:shortest side is >2:1
- ☐ Nonpentagon enclosed figure *TMPENT1*
- ☐ 2 or more lines, but it is not an enclosed figure
- ☐ less than 2 lines/refused
- ☐ not attempted/disabled

b. Pentagon 2

- ☐ 5 approximately equal sized
- ☐ 5 sides, but longest:shortest side is >2:1
- ☐ nonpentagon enclosed figure *TMPENT2*
- ☐ 2 or more lines, but it is not an enclosed figure
- ☐ less than 2 lines/refused
- ☐ not attempted/disabled

c. Intersection

- ☐ 4-cornered enclosure
- ☐ not a 4-cornered enclosure *TMINT*
- ☐ no enclosure/refused
- ☐ not attempted/disabled

- 16** *Refer to Question 14 to check whether the participant is right- or left-handed. Ask them to take the paper in their non-dominant hand.*

Take this paper with your left (right for left handed person) hand, fold it in half using both hands, and hand it back to me.

After saying the whole command, hold the paper within reach of the participant. Do not repeat any part of the command. Do not move the paper toward the participant. The participant may hand back the paper with either hand.

	Correct	Error/ Refused	Not attempted/ disabled
a. Takes paper in correct hand	<input type="radio"/>	<i>TMPCOR</i> <input type="radio"/>	<input type="radio"/>
b. Folds paper in half	<input type="radio"/>	<i>TMPFLD</i> <input type="radio"/>	<input type="radio"/>
c. Hands paper back	<input type="radio"/>	<i>TMPHND</i> <input type="radio"/>	<input type="radio"/>

17 What three words did I ask you to remember earlier?

Administer this item even when the participant scored one or more "unable to recall/refused" on Question 5. The words may be repeated in any order. For each word not readily given, provide the category followed by multiple choices when necessary. Do not wait more than 3 seconds for spontaneous recall and do not wait more than 2 seconds after category cueing before providing the next level of help.

- a. Shirt**
- ☐ Spontaneous recall
 - ☐ Correct word/incorrect form
 - ☐ After "Something to wear." *TMSH2*
 - ☐ After "Was it shirt, shoes, or socks?"
 - ☐ Unable to recall/refused (provide the correct answer)
 - ☐ Not attempted/disabled

- b. Blue**
- ☐ Spontaneous recall
 - ☐ Correct word/incorrect form
 - ☐ After "A color." *TMBLU2*
 - ☐ After "Was it blue, black, or brown?"
 - ☐ Unable to recall/refused (provide the correct answer)
 - ☐ Not attempted/disabled

- c. Honesty**
- ☐ Spontaneous recall
 - ☐ Correct word/incorrect form
 - ☐ After "A good personal quality" *TMHON2*
 - ☐ After "Was it honesty, charity, modesty?"
 - ☐ Unable to recall/refused (provide the correct answer)
 - ☐ Not attempted/disabled

18 Would you please tell me again where you were born?

Ask this question only when a response was given in Question 1d and 1e. Score the response by checking against the response in Question 1d and 1e.

- | Place of Birth? | Matches | Does not match/Refused | Not attempted/disabled |
|---------------------------|-----------------------|--------------------------------------|------------------------|
| a. _____
City/town | <input type="radio"/> | <input type="radio"/> <i>TMCITY2</i> | <input type="radio"/> |
| b. _____
State/Country | <input type="radio"/> | <input type="radio"/> <i>TMSTE2</i> | <input type="radio"/> |

19 If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, mark the box coded 'yes' and check the nature of the problem listed below

- 1** ☐ Vision
- 2** ☐ Hearing
- 3** ☐ Writing problems due to injury or illness *TMDIFF*
- 4** ☐ Illiteracy/lack of education
- 5** ☐ Language
- 6** ☐ Other **(Please record the specific problem in the space provided.)**



Functional Vision

Interviewer Administered

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Acrostic

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Staff ID#

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FVSTAF

LETTER LITERACY TEST

- 1 Administer the letter literacy test. Show participant letter literacy card.
(REQUIRED - Show Card F) Be sure they are wearing their reading glasses, if needed.
Script: "Can you see these letters (point to card). Read me the letters one by one across the line."

A B O S E R T H U P I V Z J Q

Letter literacy test score:

Number of correct letters:

--	--

FVLTRNO

Were 10 or more letters read correctly?

☐ Yes

☐ No

FVLTR10

Administer all
functional vision tests.

Do not administer the Bailey-Lovie or Pelli-Robson exam.
Administer the Frisby stereo test.

BAILEY-LOVIE DISTANCE VISUAL ACUITY

- 2 Does the participant usually wear glasses or contact lenses for distance tasks?

☐ Yes

☐ No

FVBLGLAS

Is the participant wearing glasses or contact lenses for the Bailey-Lovie test?

☐ Yes

☐ No

FVBLGLSN

What is the participant wearing - glasses or contact lenses?

☐ Glasses

☐ Contact lenses

What type of glasses?

☐ Distance

☐ Bifocal

☐ No-line bifocal

What type of contact lenses?

☐ Distance

☐ Bifocal

☐ Monovision (one eye corrected for near, one for distance)

Yes/No variables are yes=1,no=0 unless otherwise indicated.

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FV2050

FVLOGMAR

FVBLLTRC

3 Which chart was used?
☐ Chart #1 ☒ Chart #2 **FVBLCHRT**

4 Which distance was used?
☐ 10 feet ☒ 5 feet ☐ Participant unable to read chart at 5 feet **FVBLDIST**

5 **Examiner Note: Make an "X" through each letter incorrectly identified. If the participant misses 3 or more letters on one row, stop administering the test and go to Question #6.**

Chart 1	Chart 2	Letter Count	SNELLEN equivalent	
			(10 feet)	(5 feet)
D V N Z R	H E F P U	5	20/250	20/500
H N F D V	E P U R Z	10	20/200	20/400
F U P V E	H N R Z D	15	20/160	20/320
P E R Z U	F N H V D	20	20/125	20/250
F H P V E	N D Z R U	25	20/100	20/200
Z R F N U	V D E H P	30	20/80	20/160
P R Z E U	N F V H D	35	20/63	20/125
F V P Z D	N R E H U	40	20/50	20/100
U P N F H	R Z V D E	45	20/40	20/80
R Z U F N	D H E V P	50	20/32	20/63
F H U V D	E P N R Z	55	20/25	20/50
N E F Z R	H P V D U	60	20/20	20/40
Z D R V E	N U P F H	65	20/16	20/32
U D F V N	Z P E H R	70	20/12	20/25

6 Number of letters read correctly: **FVBLLTR** letters

(Examiner Note: Starting with the Letter Count for the last line read without errors, add one for each additional letter correctly read on lines below it.)

7 Was the Bailey-Lovie test administered?

FVBLTEST
☐ Yes
☒ No

Why not?

(Examiner Note: Check main reason test was not administered.)

1 ☐ Did not pass letter literacy exam 4 ☐ Did not understand

2 ☐ Participant fatigued

7 ☐ Refused

3 ☐ Unable to see chart

FVBLWHYN

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FVLCS

FVLCSALR

FVLCS155

PELLI-ROBSON TEST FOR CONTRAST SENSITIVITY

1 Is the participant wearing glasses or contact lenses for the Pelli-Robson test?

☐ Yes ☐ No **FVPRGLAS**

What is the participant wearing - glasses or contact lenses?

☐ Glasses ☐ Contact lenses

What type of glasses?

- ☐ Distance
☐ Bifocal
☐ No-line bifocal

What type of contact lenses?

- ☐ Distance
☐ Bifocal
☐ Monovision (one eye corrected for near, one for distance)

2 Which chart was used?

☐ Chart #1 ☐ Chart #2 **FVPRCHRT**

3 Which distance was used?

☐ 10 feet ☐ 5 feet

(Examiner Note: Use the same distance as for the Bailey-Lovie chart or if the participant cannot identify the darkest triplet correctly at 10 feet, move to 5 feet.)

4 Examiner Note: Make an "X" through each letter incorrectly identified. When the participant misses all 3 letters in a triplet, stop administering the test and go to Question #5.

Chart 1		Letter Count	Chart 2	
H S Z	D S N	06	V R S	K D R
C K R	Z V R	12	N H C	S O K
N D C	O S K	18	S C N	O Z V
O Z K	V H Z	24	C N H	Z O K
N H O	N R D	30	N O D	V H R
V R C	O V H	36	C D N	Z S V
C D S	N D C	42	K C H	O D K
K V Z	O H R	48	R S Z	H V R

5 Number of letters read correctly:

FVPRLTR
letters

(Examiner Note: Starting with the Letter Count for the last line read without errors, add one for each additional letter correctly read on lines below it.)

6 Was the Pelli-Robson test administered?

☐ Yes

☐ No

FVPRTEST

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Why not?

(Examiner Note: Check main reason test was not administered.)

- ☐ Did not pass letter literacy exam
☐ Participant fatigued
☐ Unable to see chart
- ☐ Did not understand
☐ Refused

FVPRWHYN

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FVDISPAR

FRISBY STEREO TEST--DEPTH PERCEPTION

1 Does the participant usually wear glasses or contact lenses for reading?

☐ Yes ☐ No **FVFSGLAS**

Is the participant wearing glasses or contact lenses for the Frisby Stereo test?

☐ Glasses **FVFSGLSN** ☐ Contact lenses ☐ Not wearing glasses or contact lenses.

What type of glasses?

- 1 ☐ Distance
2 ☐ Bifocal **FVFSTPGL**
3 ☐ No-line bifocal
4 ☐ Reading

What type of contact lenses?

- 1 ☐ Distance
2 ☐ Bifocal **FVFSTPCT**
3 ☐ Monovision (one eye corrected for near, one for distance)

Examiner Note: Show the participant the thickest plate.

Script: "This is a test of depth perception. One of the squares has a circular area of pattern standing out in front of it. Can you see which one it is?"

2 Was the participant able to point out the depth cue without hesitation (either before or after a demonstration using monocular clues)?

☐ Yes

FVFSYN

☐ No

Start here Plate 2 (medium thickness)	Plate 3 (thinnest)	Start here Plate 1 (maximum thickness)
<p>Trial</p> <p>1. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>2. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>3. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" & go to Plate #3.</p> <p>4. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>5. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>6. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 2</p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Plate 3 Go to Plate 1</p>	<p>Trial</p> <p>1. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>2. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>3. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" & go to Question #3 on next page.</p> <p>4. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>5. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>6. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 3</p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Question #3 on next page.</p>	<p>Trial</p> <p>1. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>2. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>3. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>If 3 correct, record as "Pass" & go to Plate #2.</p> <p>4. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>5. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>6. <input type="radio"/> Correct <input type="radio"/> Incorrect</p> <p>Pass if 3/3 or at least 5/6 correct</p> <p>Plate 1</p> <p>1 <input type="radio"/> Pass 2 <input type="radio"/> Fail 9 <input type="radio"/> Did not test</p> <p>Go to Plate 2 STOP. Go to Question #3 on next page.</p>

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3 Was a non-standard distance (other than 40 cm) used?

☐ Yes ☐ No *FVFSDIST*



Specify distance used:	<table border="1"><tr><td></td><td></td></tr></table>			cm	<i>FVFSCM</i>

4 Was the Frisby Stereo test administered?

☐ Yes ☐ No *FVFSTEST*



Why not? **(Examiner Note: Check main reason test was not administered.)**

1 ☐ Participant fatigued

2 ☐ Unable to see chart

3 ☐ Did not understand

4 ☐ Other **(Please specify: _____)**

7 ☐ Refused

FVFSWHYN

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Nottingham Power Rig

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1 Ask the participant, "Have you had a hip replaced in the last six months?"

NPHIPREP

- ☐ Yes
☐ No

Ask the participant, "Which side have you had replaced?"

- ☐ Left (Do not test left side) ☐ Right (Do not test right side)

Demonstate the use of the machine twice for the participant. Describe the testing process as you demonstrate. Include the seat adjustment, foot placement practice tests and how maximal effort should feel.

Ask the participant to sit in the apparatus, turning the chair if necessary. Ask the participant to slide his hips to the back of the seat so the back seat cushion is compressed while leaning slightly forward. Make sure that the hips do not ride up the seat back.

To adjust the seat: Unlock the seat and push it forward, until it is closer to the pedals than the subject will need. Ask the participant to place one foot on the push pedal and lean slightly forward. The participant gently depresses the push pedal all the way down and continues to push until his leg is just about to fully extend. Push seat forward slightly and have the subject extend his leg again to verify positioning. Lock the seat into position, making sure that the clamp plates are in the correct position. While the participants leg remains extended, measure the seat position using the affixed tape measure located on the participant's right side.

NPSEAT

--	--	--	--

Record seat position to the nearest milimeter: **Seat position:** cm

Was a different seat position used for the participant's left side? ☐ Yes ☐ No

NPLFST

Record seat position for left side:

Seat position:

--	--	--	--

NPSEATLT

cm

Ask the participant to cross their arms across their chest, with their back straight. Randomly select the first leg to be tested, each leg will then be alternated through all trials. The participant should then place the selected foot on the push pedal so that the heel and instep are resting against the flanges. Make sure that the analyzer output displays "----" before each trial. Emphasize speed and power.

Script: "You will be pressing down on the push pedal one leg at a time. We want you to have your entire foot on the pedal at all times. To do this, make sure you push through your heel. Before starting, I want you to lean slightly forward, and cross your arms on your chest. This first time, push the pedal down at moderate effort." Make sure to correct poor form, and give verbal encouragement before and throughout the test. Repeat this test two times per leg. Make sure that the analyzer output displays "----" before each trial. Do not record practice results.

Script: "Now we want you to do the same thing, except at maximal effort. Push the pedal as though you are breaking a car in an emergency situation. Remember this is at 100% of your maximum. Lean slightly forward, and cross your arms on your chest. When I say 'go' push through your heel as hard and as fast as you can. Ready? Go!" Make sure that the analyzer output displays "----" before each trial. Record output below:

NPLMAX

NPOMAX

NPRMAX

Left leg NPLEFTNO

- ☐ Attempted but unable ☐ Did not attempt ☐ Refused

Right leg

- ☐ Attempted but unable ☐ Did not attempt ☐ Refused

1	NPLEFT1					watts
2	NPLEFT2					watts
3	NPLEFT3					watts
4	NPLEFT4					watts
5	NPLEFT5					watts
6	NPLEFT6					watts
7	NPLEFT7					watts
8	NPLEFT8					watts
9	NPLEFT9					watts

NPREASL
NPREASR
NPREASB

1	NPRIGHT1					watts
2	NPRIGHT2					watts
3	NPRIGHT3					watts
4	NPRIGHT4					watts
5	NPRIGHT5					watts
6	NPRIGHT6					watts
7	NPRIGHT7					watts
8	NPRIGHT8					watts
9	NPRIGHT9					watts

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Height, Weight & Pulse

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<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Standing Height

Measurement 1 **HWMEAS1**
mm

HWHGT

Measurement 2 **HWMEAS2**
mm

HWHTLOSSS

HWBMI

Is the difference between Measurement 1 and Measurement 2 ≥ 4 mm?

☐ Yes ☐ No

HWGT4

Complete Measurements 3 & 4

Measurement 3 **HWMEAS3**
mm

Measurement 4 **HWMEAS4**
mm

Is the participant standing sideways due to kyphosis?

☐ Yes ☐ No

HWKYPH

2 Weight

. **HWWTG**
kg

HWWTLS25

3 Radial Pulse

Measurement 1

HWPULSEA
beats per 30 seconds

x 2

Measurement 1

HWPULSE1

beats per minute

Measurement 2

HWPULSEB
beats per 30 seconds

x 2

Measurement 2

HWPULSE2

beats per minute

Total (Measurement 1 + Measurement 2)

HWPULSET

$\div 2 =$

HWPULSEM

Average beats
per minute

Yes/No are yes=1,no=0 unless otherwise indicated.





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Grip Strength

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Staff ID#

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--	--	--	--	--	--

--	--	--	--	--	--

GSSTAFF

Exclusion Criteria:

① "Has any pain in your hands gotten worse recently?"

☐ Yes ☐ No ☐ Refused ☐ Don't Know

GSWEAK

GSFLAGEX

Which side?	<input type="radio"/> 1 Left	<input type="radio"/> 2 Right	<input type="radio"/> 3 Both
	DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE

GSSDWEAK

GSUNABLE

② "Have you had any surgery on your hands or wrists in the past 3 months (12 weeks)?"

☐ Yes ☐ No

GSSURG

Which side?	<input type="radio"/> 1 Left	<input type="radio"/> 2 Right	<input type="radio"/> 3 Both
	DO NOT TEST LEFT	DO NOT TEST RIGHT	DO NOT TEST EITHER SIDE

GSSDSURG

Script: "I'd like you to take you right/left arm, rest it on the table, and bend you elbow. Grip the bars in your hand, like this. Please slowly squeeze the bars as hard as you can."

Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this pratice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Show dial to participant.

Script: "We'll do this two times. This time counts, so when I say squeeze, squeeze as hard as you can. Ready? Squeeze! Squeeze! Squeeze! Now, Stop!"

Right side

Trial 1

--	--

 GSRT1

GSRTAB1

☐ Refused
☐ Unable, did not attempt

Trial 2

--	--

 GSRT2

GSRTAB2

☐ Refused
☐ Unable, did not attempt

Left side

Trial 1

--	--

 GSLF1

GSLFAB1

☐ Refused
☐ Unable, did not attempt

Trial 2

--	--

 GSLF2 kg

GSLFAB2

☐ Refused
☐ Unable, did not attempt

GSGRPAVG

GSGRPRAV

GSGRPMAX

GSGRPLAV

Yes/No are yes=1,no=0 unless otherwise indicated.





Neuromuscular Function

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Staff ID#

NFSTAFF

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--	--	--	--	--	--

--	--	--	--	--	--

INTRODUCTION/SCREENING QUESTIONS

Script: "I'm going to ask you to try to do several different movements of your body. I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement or you feel it would be unsafe to try to do it, please tell me and we'll move on to the next one. Let me emphasize that I would like you to try each exercise. But I don't want you to try to do any exercise that you feel might be unsafe."

- 1 Ask the participant, "Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing straight up from a chair or walking up steps?"

- ☐ Yes
☐ No

Tell the participant, "Before we do each test, I'll describe it to you. Please tell me if you think that you shouldn't attempt the test because of the problems you described."

NFPROB

- 2 Ask the participant, "Do you use any walking aids, such as a cane?"

- ☐ No aids ☐ Cane or quad cane ☐ Walker, Wheelchair, leg brace, crutches

NFAIDS

- 3 Does the participant have any of the following? (Mark all that apply)

☐ Orthosis

☐ Missing Limbs

☐ Prosthesis

☐ Paralysis of extremity or side of body

1: checked

0: not checked

SINGLE CHAIR STAND

Have the participant sit in the chair, assuming the position from which he would normally stand up from a chair (but **no more than half-way forward** on the seat of the chair) with the feet resting on the floor and the arms folded across the chest.

Script: "This is a test of strength in your legs in which you stand up from sitting without using your arms."

Demonstrate the procedure. "Fold your arms across your chest, like this, and stand, keeping your arms in this position. Do you understand?" Ask the participant to stand. **Script:** "Can you stand and sit one time for practice?"

If the arms unfold, or the participant puts one or both hands down on the chair to push up, remind him to keep his arms folded snugly across his chest, and ask him to repeat the chair stand. It is OK for the participant to move part-way forward in the chair before standing, but knees and hips should be flexed to approximately 90° before standing.

If the participant cannot rise without using arms, say: "Ok. Try to stand up using your arms to push off."

- 4 Could the participant stand up one time unassisted?

- ☐ Stands without using arms ☐ Unable to stand ☐ Rises using arms ☐ Did not attempt/Refused

NFSTAND1

Do not test the repeated chair stands. Go on to six meter usual pace, next page.

REPEATED CHAIR STAND

When the subject is properly seated after practicing, say, "This time, I want you to stand up 5 times as quickly as you can, keeping your arms folded across your chest."

Demonstrate the test. **Script:** "First I will show you. 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." Rise two times quickly as you can, counting as you stand up each time.

Script: "When I say 'Go,' stand five times in a row, as quickly as you can, without stopping. Stand all the way up and sit all the way down each time. Ready? GO!" Count "1,2,3,4,5" as the participant stands up each time.

Yes/No are yes=1, no=0 unless otherwise indicated.

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If the participant fatigues before completing 5 stand-ups, confirm that he can't do more by asking, "**Can you continue?**" If he says yes, keep timing. If he says no, record that he could not complete five stand-ups and DO NOT record a time for him.

5 Did the participant complete all 5 stands?

NF5STAND

- ☐ Yes
☐ No

How many were completed?

NF5MANY
stands.

Go on to Six Meter Usual Pace, next section.

6 Record time and arm use for chair stand.

NFTIME5

 .

seconds to complete 5 stands

NFTIME5A

Arm use:

NFARMU5

NFSTDARM

- 1 ☐ 5 times without using arms
2 ☐ 5 times, uses arms part of time
3 ☐ 5 times, uses arms all of time
4 ☐ Attempted, but unable to stand up once
5 ☐ Attempted, but unable to complete 5 stands
7 ☐ Did not attempt/Refused

SIX METER USUAL PACE

The participant should be wearing comfortable walking shoes. He may use a walking aid, but should be encouraged to walk without one if he is comfortable doing so.

NF6MABLE

Script: "This is a balance walk test. First I want you to walk down the hall normally, at a comfortable pace, ignoring the colored lines. For the second walk, I will ask you to walk keeping your feet inside the lines. Each test will be done twice."

Ask the subject to stand behind the line at one end of the course, at the red center mark. Script: "Place your feet with your toes behind, but not touching the starting line. Wait until I say 'Go.' Remember, I want you to walk at a comfortable pace ignoring the colored lines." Demonstrate and return. Walk a few steps past the finish line each time.

Start the stopwatch at the first foot fall, and stop timing when the first footfall (complete or partial) crosses the finish line. Count the number of steps taken to cover the course (NOT ALOUD). One step is counted when either foot is placed down on the floor, including the first step and the step which a participant's foot crosses or touches the end line. Record time and number of steps below.

NFSTPLGT

NF6MPACE

NF6MWTM

NFWLKSPD

NFWLKSPA

Trial 1

NFWLKNA1

NF6MPACA

NFWLKAD1

- ☐ Trial 1 Not Attempted ☐ Trial 1 Attempted but unable ☐ Unable to assess

Trial 1 Aid Used

1

 .

seconds

steps

- 0 ☐ No aid
1 ☐ Straight cane
2 ☐ Quad cane
3 ☐ Walker
4 ☐ Crutch

When the participant crosses the end line, ask him to turn around and stand at the end line as before.

Script: "Now, do the same thing in the other direction. Walk at your usual pace and go all the way past the finish, to the other end. Ready? Begin" Record time and number of steps below.

NFWLKNA2

NFWLKAD2

Trial 2

- ☐ Trial 2 Not Attempted ☐ Trial 2 Attempted but unable ☐ Unable to assess

Trial 2 Aid Used

2

 .

seconds

steps

- 0 ☐ No aid
1 ☐ Straight cane
2 ☐ Quad cane
3 ☐ Walker
4 ☐ Crutch



20 cm NARROW WALK

NFNWPACE

NFNWTIME

Script: "Now for this walk, I want you to keep your feet inside the lines. It is important that you do your best to keep your feet inside the lines" Record the time below.

Script: "I'll demonstrate. Keep your feet inside the lines. Be sure to walk a few steps past the finish line. Any questions? We will do this test 3 times."

Note: Time walk as before, but do not count steps. Not staying within the lines is defined as stepping on, or going outside of the colored tape two or more times. Perform up to three trials to obtain 2 valid times.

Trial 1 (Narrow Walk)

1 Did the participant stay within the lines? NFNWKNA1

- ☒ Yes, 2 or fewer deviations ☐ No, 3 or more deviations (Unable to assess time)
☒ Trial 1 Not Attempted ☒ Trial 1 Attempted but unable

--	--	--	--

NFNWKTM1
seconds

NFNWLKA1

Trial 1 Aid Used

- ☒ No aid ☒ Walker
☒ Straight cane ☐ Crutch
☒ Quad cane

Trial 2 (Narrow Walk)

2 Did the participant stay within the lines? NFNWKNA2

- ☒ Yes, 2 or fewer deviations ☐ No, 3 or more deviations (Unable to assess time)
☒ Trial 2 Not Attempted ☒ Trial 2 Attempted but unable

--	--	--	--

NFNWKTM2
seconds

NFNWLKA2

Trial 2 Aid Used

- ☒ No aid ☒ Walker
☒ Straight cane ☐ Crutch
☒ Quad cane

Perform trial 3 only if Trial 1 or Trial 2 were labeled 'No, 3 or more deviations (Unable to assess time)'

Trial 3 (Narrow Walk)

3 Did the participant stay within the lines? NFNWKNA3

- ☒ Yes, 2 or fewer deviations ☐ No, 3 or more deviations (Unable to assess time)
☒ Trial 3 Not Attempted ☒ Trial 3 Attempted but unable

--	--	--	--

NFNWKTM3
seconds

NFNWLKA3

Trial 3 Aid Used

- ☒ No aid ☒ Walker
☒ Straight cane ☐ Crutch
☒ Quad cane

NFNWNUM

NFNWABLE

NFNWNUMA

NFNWABLA





Blood Pressure

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

BPSTAFF

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

1 Exclusion criteria

- ☐ 1 Open wounds, ulcerations
- ☐ 2 Bilateral amputation
- ☐ 3 Unable to lie at <45 degree angle
- ☐ 7 Participant refused

BPEXCLUD

DO NOT TEST

BPAAI1L

BPAAI1R

BPAAI2L

BPAAI2R

BPAAIL

BPAAIR

BPLOWAAI

BPMINAAI

BPAAICAT

2 Cuff size

- BPCUFF** ☐ 1 Small ☐ 2 Regular ☐ 3 Large ☐ 4 Thigh

3 Arm Used

- BPARM** ☐ 1 Right ☐ 2 Left

Please explain why right arm was not used: _____

4 Doppler Systolic

--	--	--

BPSYSTOL
mmHg

Add 30*

* Add 30 to Doppler Systolic measurement to obtain maximal inflation level

5 Maximum Inflation Level

--	--	--

BPMAX
mmHg

Systolic Measurement #1

1 Brachial (arm)

BPARM1

--	--	--

mmHg

2 Right Posterior Tibial

BPRPOST1

--	--	--

mmHg

3 Left Posterior Tibial

BPLPOST1

--	--	--

mmHg

Systolic Measurement #2

4 Brachial (arm)

BPARM2

--	--	--

mmHg

5 Right Posterior Tibial

BPRPOST2

--	--	--

mmHg

6 Left Posterior Tibial

BPLPOST2

--	--	--

mmHg

Was the ankle-arm blood pressure obtained?

- BPOBTAIN** ☐ 1 Yes ☐ 0 No ☐ 7 Patient refused

Why wasn't the measurement obtained? Mark all that apply. 1: checked

Left leg

- ☐ Unable to occlude **BPLOCCLU**
- ☐ Ulceration **BPLULCER**
- ☐ Amputation **BPLAMPU**
- ☐ Unable to locate tibial artery **BPLLOC**
- ☐ Other. Please specify: **BPLOTHERR**

--

Right leg

0: not checked

- ☐ Unable to occlude **BPROCCLU**
- ☐ Ulceration **BPRULCER**
- ☐ Amputation **BPRAMPU**
- ☐ Unable to locate tibial artery **BPRLOC**
- ☐ Other. Please specify: **BPROTHERR**

--



Draft

Specimen Collection

Office Use Only-
MrOS ID#

SCID					
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Acrostic

SCACROST

--	--	--	--	--	--

Staff ID#

SCSTAFF

--	--	--	--	--	--

1 Date of Specimen Collection: / /
Month Day Year

2 Were any fingernail samples collected?
☐ Yes ☐ No ☐ Refused
Were any toenail samples collected?
☐ Yes ☐ No ☐ Refused

3 Have you ever had a shunt or port for kidney dialysis?
☐ Yes ☐ No ☐ Refused ☐ Don't Know

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

4 Do you bleed or bruise easily?
☐ Yes ☐ No ☐ Refused ☐ Don't Know

5 Have you ever been told you have a disorder relating to blood clotting or coagulation?
☐ Yes ☐ No ☐ Refused ☐ Don't Know

6 Have you ever experienced fainting spells while having blood drawn?
☐ Yes ☐ No ☐ Refused ☐ Don't Know

7 Time of start of first venipuncture (butterfly or needle into vein):
 : ☐ am ☐ pm
Hours Minutes

Was any blood drawn? ☐ Yes ☐ No

8 Was a catheter used?
☐ Yes ☐ No

9 Time first blood draw completed:
 : ☐ am ☐ pm
Hours Minutes

10 Time second timed blood draw started:
 : ☐ am ☐ pm
Hours Minutes

Was any blood drawn? ☐ Yes ☐ No

11 Total tourniquet time: (If tourniquet was reapplied, enter total time tourniquet was on.)
Draw 1 Minutes Draw 2 Minutes

Yes/No are yes=1, no=0 unless otherwise indicated.

12 Quality of venipuncture: ☐ Clean ☐ Traumatic

Mark all that apply:

- ☐ Vein collapse ☐ Excessive duration of draw
☐ Hematoma ☐ Leakage at venipuncture site
☐ Vein hard to get ☐ Other

13 Which draw were the tubes filled?

Tube/Blood Volume	Draw Filled	
1. Serum 10ml (in aluminum foil)	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled	
2. EDTA 10ml	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled	
3. Serum 10ml (1st pooled draw)	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled	
4. Serum 10ml	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled	
5. Serum 10ml	<input type="radio"/> 1st draw <input type="radio"/> 2nd draw <input type="radio"/> Not filled	

6. Serum 10ml (2nd pooled draw) ☐ 1st draw ☐ 2nd draw ☐ Not filled

Urine Filled?
1. Urine (15 mL) ☐ Yes ☐ No

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

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

a. Date of last meal /
Month Date
b. Time of last meal : ☐ am ☐ pm
Hours Minutes
c. How many hours has participant fasted? Hours

15 Was the specimen collection protocol completed?

☐ Yes ☐ No → Why not?
☐ Unable ☐ Refused ☐ Other

16 Was the blood drawn in the preferred order? (Tubes 1-5 on 1st draw, tube 6 on 2nd draw?)

☐ Yes ☐ No → **ALERT LAB TO FOLLOW ALTERNATIVE PROCOTOL**

17 Comments on phlebotomy: _____



Pages 28 – 29 contain bookkeeping information that is not released for the following measures:

- Page 28: Laboratory Processing
- Page 29: Ultrasound



DXA

Bone Density Form

Office Use Only-
MrOS ID#

Acrostic

Staff ID#

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1 Have you ever had a hip replacement surgery where all or part of your joint was replaced?

☐ Yes ☐ No ☐ Refused

Scan **right** hip

On which side did you have hip replacement surgery?

☐ Right

☐ Left

Scan **left** hip

Scan **right** hip

2 Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

a. Flag scan for review by DXA Reading Center.

b. Indicate the location of the joint replacement, hardware or other artifacts. (Sub regions are those defined by the whole body scan analysis.)

Sub	Hardware?	Other Artifacts?
i. Head	<input type="radio"/>	<input type="radio"/>
ii. Left arm	<input type="radio"/>	<input type="radio"/>
iii. Right arm	<input type="radio"/>	<input type="radio"/>
iv. Left ribs	<input type="radio"/>	<input type="radio"/>
v. Right ribs	<input type="radio"/>	<input type="radio"/>
vi. Thoracic spine	<input type="radio"/>	<input type="radio"/>
vii. Lumbar spine	<input type="radio"/>	<input type="radio"/>
viii. Pelvis	<input type="radio"/>	<input type="radio"/>
ix. Left Leg	<input type="radio"/>	<input type="radio"/>
x. Right leg	<input type="radio"/>	<input type="radio"/>

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 **DXWB**

Last 2 characters of scan ID #:

Date of scan:

b. Hip?

☐ Yes ☐ No **DXHP**

Last 2 characters of scan ID #:

Date of scan:

Which hip was scanned? ☐ Right ☐ Left

c. Spine?

☐ Yes ☐ No **DXSP**

Last 2 characters of scan ID #:

Date of scan:

Page 31 contains bookkeeping information that is not released for the following measures:

- QCT

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

1 Did the participant have a thoracic spine x-ray?

XRSIFLAG

☐ Yes ☐ No

XRTSPINE

Date of thoracic spine film:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

2 Did the participant have a lumbar spine x-ray?

XRLSPINE

☐ Yes ☐ No

Date of lumbar spine film:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year



Draft

Medication Use

Office Use Only--
MrOS ID#

Acrostic

Staff ID#

--	--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

MUSTAFF

- 1 Does the participant take PRESCRIPTION medication, daily or almost daily, for at least the past month?

MUUSE
☐ Yes ☐ No

Which of the following medications did the participant bring to the clinic?

- | | | |
|--|--|--------------------------------------|
| <p><i>MUALPHA</i>
 <input type="radio"/> Alpha-blocker</p> <p><i>MUANDRO</i>
 <input type="radio"/> Androgen</p> <p><i>MUACE</i>
 <input type="radio"/> Angiotensin converting enzyme (ACE) Inhibitor</p> <p><i>MUARB</i>
 <input type="radio"/> Angiotensin II receptor antagonist</p> <p><i>MUANTIAN</i>
 <input type="radio"/> Antiandrogen</p> <p><i>MUANTISP</i>
 <input type="radio"/> Antispasmodic, urinary</p> <p><i>MUASPIR</i>
 <input type="radio"/> Aspirin</p> <p><i>MUBENZO</i>
 <input type="radio"/> Benzodiazepine</p> <p><i>MUBETA</i>
 <input type="radio"/> Beta-blocker</p> <p><i>MUCABLOK</i>
 <input type="radio"/> Calcium channel blocker</p> <p><i>MUCHOAN</i>
 <input type="radio"/> Cholinergic agonist</p> <p><i>MUCORTI</i>
 <input type="radio"/> Corticosteroid, inhaled</p> <p><i>MUCORTO</i>
 <input type="radio"/> Corticosteroid, oral</p> <p><i>MUCOXII</i>
 <input type="radio"/> Cox-II Inhibitor</p> <p><i>MUDILOOP</i>
 <input type="radio"/> Diuretic, loop</p> <p><i>MUDIPOTA</i>
 <input type="radio"/> Diuretic, potassium-sparing</p> | <p><i>MUDUITHX</i>
 <input type="radio"/> Diuretic, thiazide</p> <p><i>MUGEM</i>
 <input type="radio"/> Gemfibrozil</p> <p><i>MUH2RA</i>
 <input type="radio"/> Histamine (H2) receptor antagonist</p> <p><i>MUSTATIN</i>
 <input type="radio"/> HMG CoA reductase inhibitor (statin)</p> <p><i>MUHYPOG</i>
 <input type="radio"/> Hypoglycemic agents</p> <p><i>MUNARC</i>
 <input type="radio"/> Narcotic analgesic</p> <p><i>MUNITRA</i>
 <input type="radio"/> Nitrate</p> <p><i>MUNBAC</i>
 <input type="radio"/> Nonbenzodiazepine anticonvulsant</p> <p><i>MUNSAIDS</i>
 <input type="radio"/> Nonsteroidal anti-inflammatory agent (NSAID)</p> <p><i>MUPPUMP</i>
 <input type="radio"/> Proton pump inhibitor</p> <p><i>MUSSRI</i>
 <input type="radio"/> Selective serotonin reuptake inhibitor (SSRI)</p> <p><i>MUSILD</i>
 <input type="radio"/> Sildenafil</p> <p><i>MUTHY</i>
 <input type="radio"/> Thyroid hormone</p> <p><i>MUTRAZ</i>
 <input type="radio"/> Trazodone</p> <p><i>MUTCA</i>
 <input type="radio"/> Tricyclic (TCA)</p> | <p>1: checked
0: not checked</p> |
|--|--|--------------------------------------|

--





Draft

Medication Use --Interview

- 1 Do you have testosterone injections at least once a month?

☐ Yes ☐ No

How many times a month do you receive testosterone injections?

times

For how many months have you received this treatment?

months

What was the date of your last testosterone injection?

Month

Date

Year

- 2 Do you take any of the following medications three or more times a week . . .

Aspirin?

☐ Yes ☐ No

(This includes Bayer, baby aspirin, children's aspirin, Ecotrin, Excedrin, and others)

Ibuprofen?

☐ Yes ☐ No

(This includes Advil, Motrin, and others)

Acetaminophen?

☐ Yes ☐ No

(This includes Tylenol, Tylenol with codiene, etc.)

Naproxen Sodium?

☐ Yes ☐ No

(This includes Aleve, etc.)

- 3 Are you a participant in another clinical trial or medical study?

☐ Yes ☐ No

What is the name of this study? Please list ID number also.

Study name:

ID #:

Are you taking any medication for this study?

☐ Yes ☐ No

Please list medication(s):

Are there additional interventions for this study?

☐ Yes ☐ No

Please list intervention(s):

Yes/No variables are yes=1,no=0 unless otherwise indicated.





Draft

Medication Use --Interview

4 Have you ever taken medicine to treat osteoporosis, Paget's disease or other bone diseases?

MUMEDOST

☐ Yes ☐ No

STOP. End of questionnaire.

Have you ever taken ...

Fluoride (or Sodium Fluoride)?

☐ Yes ☐ No

MUFLU

When did you start taking fluoride?

Month / Year

Are you currently taking fluoride? ☐ Yes ☐ No

MUFLUC

When did you stop taking fluoride?

Month / Year

Calcitonin (or miacalcin)?

☐ Yes ☐ No

MUCAL

When did you start taking calcitonin?

Month / Year

Are you currently taking calcitonin? ☐ Yes ☐ No

MUCALC

When did you stop taking calcitonin?

Month / Year

Bisphosphonates?

(This includes alendronate (Fosamax), clodronate, etidronate (Didronel), ibandronate, Pamidronate (Aredia), Risedronate (Actonel) or tiludronate (Skelid))

☐ Yes ☐ No

MUBIS

When did you start taking bisphosphonates?

Month / Year

Are you currently taking bisphosphonates? ☐ Yes ☐ No

MUBISC

When did you stop taking bisphosphonates?

Month / Year

Which bisphosphates have you ever taken? (Mark all that apply)

- ☐ Alendronate (Fosamax) ☐ Pamidronate (Aredia)
☐ Clodronate ☐ Risedronate (Actonel)
☐ Etidronate (Didronel) ☐ Tiludronate (Skelid)
☐ Ibandronate ☐ Other/don't know

1: checked 0: not checked

Raloxifene (or Evista)?

☐ Yes ☐ No

MURAL

When did you start taking raloxifene?

Month / Year

Are you currently taking raloxifene? ☐ Yes ☐ No

MURALC

When did you stop taking raloxifene?

Month / Year

