

Muscle Tissue Collection Eligibility Pre-screener

Pittsburgh only



HABC Enrollment ID #	Acrostic	Date Form Completed			Staff ID #
<input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
*HPID	HPACROS	Month	Day	Year	

Visit Year: 16

HPCONTAG

*HPMSSTID

MUSCLE TISSUE COLLECTION ELIGIBILITY PRE-SCREENER

SCRIPT: "As part of the Health ABC clinic exam this year we will be collecting muscle tissue samples from participants. Understanding muscle is very important in the Health ABC study. During past clinic visits we have done CT scans to look at your muscle. We have also done muscle strength measurements, such as the chair stands and leg strength tests. We will continue to administer some of these tests, but now we would like to look directly at your muscle tissue. The muscle sample will be taken from the middle of your thigh. There may be some pain and discomfort during this procedure, and we will make every attempt to make sure you are as comfortable as possible. We plan to collect around 150 mg of muscle tissue, which is about the size of 5 to 6 grains of rice. This tissue will undergo testing that we hope will help us better understand health and disease in older people."

1. Are you interested in participating in this part of the study?

1 Yes

0 No

*HPMBINYN

STOP. Complete Box A on Page 4. Mark "NOT INTERESTED."

SCRIPT: "Thank you for your interest in this procedure. Now, I'm going to ask you some questions to see if you are eligible."

2. Are you allergic to lidocaine or any other "caine" anesthesia?

(Examiner Note: These include Lidocaine [Xylocaine, Alphacaine, Lignospan, Octocaine], Mepivacaine [Carbocaine, Arestocaine, Isocaine, Polocaine, Scandonest], Prilocaine [Citanest], Articaine [Septocaine, Septanest, Astracaine, Ultracaine], and Bupivacaine [Marcaine].)

1 Yes

0 No

8 Don't know

7 Refused

*HPALIDOC

STOP. NOT ELIGIBLE. Go to Box A on Page 4.

3. Have you ever been told you have a bleeding disorder or clotting problem?

1 Yes

0 No

8 Don't know

7 Refused

*HPBLEED

STOP. NOT ELIGIBLE. Go to Box A on Page 4.

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*HRID	HRACROS	HRCONTAG

MUSCLE TISSUE COLLECTION ELIGIBILITY PRE-SCREENER

4. Do you regularly take any of the following medications?

<p>a. Coumadin (also known as Warfarin, Jantoven, Marevan, and Waran)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRCOUMS</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>b. Plavix (also known as Clopidogrel, Clopilet, and Ceruvin)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRPLAVXS</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>c. Aggrenox (also known as Dipyridamole and Persantine)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRAGGRES</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>d. Ticlid (also known as Ticlopidine)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRTICLIS</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>e. Agrylin or Xagrid (also known as Anagrelide)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRAGRYS</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>f. Aricept (also known as Donepezil)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRARICEP</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>g. Namenda (also known as Memantine)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRNAMEND</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>h. Exelon (also known as Rivastigmine)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HREXELO</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>
<p>i. Razadyne (also known as Galantamine)?</p> <p>1 <input type="radio"/> Yes 0 <input type="radio"/> No 8 <input type="radio"/> Don't know 7 <input type="radio"/> Refused *HRRAZAD</p> <p>STOP. NOT ELIGIBLE. Go to Box A on Page 4.</p>

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _p (data available from Pittsburgh only).

HABC Enrollment ID #	Acrostic	Visit Year
H [] [] [] [] []	[] [] [] [] []	● 16
*HSID	HSACROS	HSCONTAG

MUSCLE TISSUE COLLECTION ELIGIBILITY PRE-SCREENER

5. Is there any other reason why this participant would not be eligible for the muscle tissue collection procedure?

- 1 Yes
 0 No
 ***HSMOTNO**

a. What is the reason? Please describe below.

***HSMOTNOW**

STOP. NOT ELIGIBLE. Go to Box A on Page 4.

6. Do you regularly take aspirin (also known as Bayer, Ascriptin, Excedrin, Bufferin, Anacin, and Ecotrin)?

- 1 Yes
 0 No
 8 Don't know
 7 Refused
 ***HSREGASP**

a. Have you been told by a doctor or other health care provider to take aspirin every day for reasons other than pain?

- 1 Yes
 0 No
 8 Don't know
 ***HSRXASP**

Examiner Note: Instruct participant to NOT TAKE aspirin for 5 days prior to the tissue collection.

Examiner Note: Inform the study physician who is doing the biopsy that the participant regularly takes aspirin.

Complete Box A on Page 4. Mark "Eligible."



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H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*HTID	HTAGROS	HTCONTAG

MUSCLE TISSUE COLLECTION ELIGIBILITY PRE-SCREENER

Box A

1 ELIGIBLE FOR MUSCLE TISSUE COLLECTION PROCEDURE

"Thank you for your answers. At this point you appear to be eligible for a clinic visit that includes the muscle tissue collection procedure. The next step is to schedule a time for you to come to our clinic. This will be at no cost to you. During the clinic visit, we will tell you more about this procedure and about the other clinic exams, similar to ones you've had in the past, such as blood pressure, chair stands, and the 20-meter walk."

Appointment scheduled **Date:** _____ **Time:** _____

NOT DATA

Call back for appointment **Date:** _____ **Time:** _____

***HTMBELG**

2 NOT ELIGIBLE

"Thank you very much for this information. At this point we will not be asking you to come to the clinic. Only a limited number of people are being asked to return for a study visit, but we greatly appreciate your time and effort in answering questions for us."

3 NOT INTERESTED

"Can you tell me the reason why you are not interested in participating?"

(Examiner Note: Do NOT read response options. Mark all of the responses that apply.)

- No time/too busy ***HTMBNI1**
- Too much trouble ***HTMBNI2**
- Illness ***HTMBNI3** ***HTMBNI4**
- Concerned about the muscle tissue collection procedure/pain/discomfort during clinic visit
- No specific reason given ***HTMBNI5**
- Refused ***HTMBNI6**
- Other (**Please specify:** ***HTMBNI7** _____)

"Thank you for taking the time to answer these questions. If you should change your mind about participating, please call us at the Health ABC clinic."

Pittsburgh Clinic Visit Procedure Checklist

CBC Results

Pittsburgh only

HABC Enrollment ID #	Acrostic	Visit Year	Date of CBC Results	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *E9ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E9ACROS	● 16 E9CONTAG	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month / Day / Year *E9DATE	<input type="text"/> <input type="text"/> <input type="text"/> *E9CBSTID



YEAR 16 CBC RESULTS

1. White blood count	<input type="text"/> <input type="text"/> . <input type="text"/> thousands/ μ L	*E9WBC
2. Hemoglobin	<input type="text"/> <input type="text"/> . <input type="text"/> g/dL	*E9HGB
3. Hematocrit	<input type="text"/> <input type="text"/> . <input type="text"/> percent	*E9HCT
4. Mean corpuscular volume	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> fL	*E9MCV
<p>5. Platelet: Was the laboratory able to provide an accurate platelet count? *E9PLATYN</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1 <input type="radio"/> Yes</p> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>What was the platelet count?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> *E9PLATE thousands/μL</p> </div> </div> <div style="text-align: center;"> <p>0 <input type="radio"/> No</p> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>What were the results?</p> <p>1 <input type="radio"/> Normal/sufficient; greater than or equal to 50,000 *E9CLNORM</p> <p>2 <input type="radio"/> Insufficient/less than 50,000</p> </div> </div> </div> <div style="text-align: center; margin-top: 10px; border: 1px solid black; padding: 5px;"> <p>Examiner Note: If platelet count is less than 50,000 or "insufficient," do NOT schedule muscle tissue collection procedure.</p> </div>		

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and suffix for all variables on this page is _p
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Muscle Tissue Collection Eligibility Confirmation
Pittsburgh only

HABC Enrollment ID #	Acrostic	Visit Year	Date Form Completed	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *EEID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EEACROS	● 16	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year *EEDATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *EEMCSTID



MUSCLE TISSUE COLLECTION ELIGIBILITY CONFIRMATION

1. Did laboratory results indicate that platelet count was normal ($\geq 50,000$)?
(Examiner Note: Check lab report. Platelet count should be $\geq 50,000$, or, if clumped, labeled sufficient.)

1 Yes 0 No *EEPLATEL

NOT ELIGIBLE for muscle tissue collection. Go to Page P20, Question #17.

2. Is the participant taking Coumadin (Warfarin, Jantoven, Marevan, Waran), Plavix (Clopidogrel, Clopilet, Ceruvin), Aggrenox (Dipyridamole, Persantine), Ticlid (Ticlopidine), Agrylin (Anagrelide), Xagrid, Aricept (Donepezil), Namenda (Memantine), Exelon (Rivastigmine), or Razadyne (Galantamine)?
(Examiner Note: Look at medications that participant brought in to confirm that participant is not taking any of the medications that would exclude them from having the muscle tissue collection procedure.)

1 Yes 0 No 8 Don't know 7 Refused *EERXCOA9

NOT ELIGIBLE for muscle tissue collection. Go to Page P20, Question #17.

3. Take seated blood pressure and record:

*EESYSMB a. Systolic mm Hg b. Diastolic mm Hg *EEDIAMB

4. Is participant's systolic blood pressure greater than 180 mm Hg or diastolic blood pressure greater than 110 mm Hg?

1 Yes 0 No *EEBPHIGH

NOT ELIGIBLE for muscle tissue collection. Go to Page P20, Question #17.

5. Is there any other reason why this participant should not have the muscle tissue collection procedure?

1 Yes 0 No *EEOETHNOM

NOT ELIGIBLE for muscle tissue collection. Please describe below and go to Page P20, Question #17.

*EEMNOWHY

Ask participant:

6. Have you taken aspirin or aspirin-containing products including Aleve, Ibuprofen, Motrin or other anti-inflammatory medications in the past 5 days?

1 Yes 0 No 8 Don't know 7 Refused *EETKASPI

Examiner Note: Alert study physician performing muscle tissue collection.

Muscle Tissue Collection
Pittsburgh only

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *EJID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EJACROS	● 16 EJCONTAG

MUSCLE TISSUE COLLECTION

7. Examiner Note: If participant already had their blood drawn, transcribe this information from the Phlebotomy Form, Page P26, Question #5. Otherwise ask:

What is the date and time you last ate anything?

a. Date of last food:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Day Year *EJLMDM
b. Time of last food:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="radio"/> am <input type="radio"/> pm	Hours Minutes *EJLMAPMM *EJM MMM

Bar Code Label
*EJMBCRD

8. From which leg was sample taken?
(Examiner Note: Refer to Clinic Visit Workbook, Page P16/M24, Question #11. Choose same leg as tested during Isokinetic Quadriceps Strength [Kin-Com] test. If Kin-Com test not administered, obtain sample from right thigh, unless contraindicated.)

Right

Left

*EJMBLLEG

9. Ask participant: Are you allergic to latex?

Yes

No

*EJALLERL

Examiner Note: Use non-latex gloves.

10. Procedure start time: : am pm
*EJHRMUSS Hours Minutes *EJMIMUSS

*EJAMPMS

11. Procedure stop time: : am pm
*EJHRMUSF Hours Minutes *EJMIMUSF

*EJAMPMMF

12. Amount of 2% lidocaine injected: mL

*EJLIDOCA

After muscle tissue collection, ask participant:

*EJPKCV

13. Please rate the pain that you have at the muscle tissue collection site by picking a number from 0 to 10 where "0" means "No pain" and "10" means the "Worst pain you can imagine."

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
0	1	2	3	4	5	6	7	8	9	10

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*EKID	EKACROS	EKCONTAG

MUSCLE TISSUE COLLECTION

14. How many times was the trocar inserted through the incision?

times

*EKINSERT

15. How many times was the trocar rotated for suction?

times

*EKROTATE

16. Were there adverse reactions during or after procedure?

Yes No

*EKAEMUSC

a. What adverse events were reported?
Examiner Note: Mark all that apply.

-1 <input type="checkbox"/> Excessive bleeding	*EKBLEEDM
-1 <input type="checkbox"/> Participant fainted (vasovagal episode)	*EKFAINT
-1 <input type="checkbox"/> Excessive pain/discomfort	*EKPAINMU
-1 <input type="checkbox"/> Reaction to lidocaine	*EKLIDOAD
-1 <input type="checkbox"/> Other (Please specify:) _____	*EKPOTHMU

b. Complete Adverse Event (AE) Form. Record AE Form #: *EKAER16B

17. Was any subcutaneous fat collected?

Yes No

*EKFATYN

Please describe why not:

*EKFATNWW

18. Was any muscle tissue sample collected?

Yes No

*EKMUSCYN

Please describe why not:

EKMUSNWW

Muscle Tissue Processing

Pittsburgh only



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H [][][][]	[][][][]	● 16	[][][]

*ELID ELACROS ELCONTAG *ELMPSTID

MUSCLE TISSUE PROCESSING

*ELAMPMMP

1

Time at start of processing: [][] : [][] am
 pm

*ELHRMPRO *ELMINMUP

Bar Code Label

*ELMBRCD2

Specimens	Container #	Weight	Type	Estimated weight (mg)*
Muscle	21	15-20 mg	histology embedding mold	[][] mg *ELMGMUS1
Muscle	22	10 mg	2 mL cryovial (for respirometry)	[][] mg *ELMGMUS2
Muscle	23	2-5 mg	2 mL cryovial (for electron microscopy)	[][] mg *ELMGMUS3
Muscle	24	15-20 mg	2 mL cryovial	[][] mg *ELMGMUS4
Muscle	25	15-20 mg	2 mL cryovial	[][] mg *ELMGMUS5
Muscle	26	15-20 mg	2 mL cryovial	[][] mg *ELMGMUS6
Muscle	27	15-20 mg	2 mL cryovial	[][] mg *ELMGMUS7
Muscle	28	15-20 mg	2 mL cryovial	[][] mg *ELMGMUS8
Muscle	29	variable	2 mL cryovial	[][][] mg *ELMGMUS9
Intermuscular Fat	30	variable	2 mL cryovial	[][][] mg *ELMGMU10
Connective Tissue	31	variable	2 mL cryovial	[][] mg *ELMGMU11
Subcutaneous Fat	32	variable	2 mL cryovial	[][][] mg *ELMGMU12

*If no specimen is obtained, record "0" mg for estimated weight.

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Phlebotomy

Pittsburgh only



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H [] [] [] [] []	[] [] [] [] []	● 16	[] [] [] []

***MSID** PHLEBOTOMY ***MSPHSTID**

Bar Code Label

***MSBRCD**

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

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

1 Yes 0 No 8 Don't know 7 Refused ***MSRADMAS**

STOP. Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

1 Right 2 Left 3 Both ***MSRMSIDE**

Do NOT draw blood on right side.

Do NOT draw blood on left side.

STOP. Do NOT draw blood. Go to Procedure Checklist and mark "No: Other reason/ Not applicable" for Blood Collection.

2. Have you ever had a graft or shunt for kidney dialysis?

1 Yes 0 No 8 Don't know 7 Refused ***MSKIDNEY**

Do NOT draw blood. Go to Procedure Checklist and mark "No: Participant refused" for Blood Collection.

a. Which side?

1 Right 2 Left 3 Both ***MSKDSIDE**

Do NOT draw blood on right side.

Do NOT draw blood on left side.

STOP. Do NOT draw blood. Go to Procedure Checklist and mark "No: Other reason/ Not applicable" for Blood Collection.

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HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*MUID	MUACROS	MUCONTAG

PHLEBOTOMY

11. Quality of venipuncture:

1 Clean 2 Traumatic *MUQVEN

Please describe. Mark all that apply:

-1 <input type="radio"/> Vein collapse	*MUPVC
-1 <input type="radio"/> Hematoma	*MUPH
-1 <input type="radio"/> Vein hard to get	*MUPVHTG
-1 <input type="radio"/> Multiple sticks	*MUPMS
-1 <input type="radio"/> Excessive duration of draw	*MUPEDD
-1 <input type="radio"/> Leakage at venipuncture site	*MUPLVS
-1 <input type="radio"/> Other (Please specify:)	*MUOTH

12. Was any blood drawn?

1 Yes 0 No, unable to draw blood 7 No, participant refused *MUBLDR

Please describe why not: _____

a. Were tubes filled to specified capacity? If not, comment why.

Tube	Volume	Filled to Capacity?		Comment
		Yes	No	
1. Plasma (EDTA)	10 mL	1 <input type="radio"/>	0 <input type="radio"/> →	*MUEDTA
2. Serum	10 mL	1 <input type="radio"/>	0 <input type="radio"/> →	*MUSERUM

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Laboratory Processing

Pittsburgh only

HABC Enrollment ID #	Acrostic	Visit Year	Date Visit Completed	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *MWID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MWAGROS	● 16 MWCONTAG	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year *MWLDATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *MWLPSTID

LABORATORY PROCESSING

Time at start of processing: am pm
 Hours Minutes ***MWAMPSP**

***MWTIMSPH** ***MWTIMSPM**

Bar Code Label

***MWBRCD2**

Collection Tubes	Cryo #	Sample vol.	Filled? Yes/No	Problems
#2 Serum	1	0.5 mL	1 0 Y 0 N *MW1F	1 0 H 2 P 3 B *MW1HPB
	2	0.5 mL	1 0 Y 0 N *MW2F	1 0 H 2 P 3 B *MW2HPB
	3	0.5 mL	1 0 Y 0 N *MW3F	1 0 H 2 P 3 B *MW3HPB
	4	0.5 mL	1 0 Y 0 N *MW4F	1 0 H 2 P 3 B *MW4HPB
	5	0.5 mL	1 0 Y 0 N *MW5F	1 0 H 2 P 3 B *MW5HPB
	6	0.5 mL	1 0 Y 0 N *MW6F	1 0 H 2 P 3 B *MW6HPB
	7	0.5 mL	1 0 Y 0 N *MW7F	1 0 H 2 P 3 B *MW7HPB
	8	0.5 mL	1 0 Y 0 N *MW8F	1 0 H 2 P 3 B *MW8HPB
	9	0.5 mL	1 0 Y 0 N *MW9F	1 0 H 2 P 3 B *MW9HPB
	10	0.5 mL	1 0 Y 0 N *MW10F	1 0 H 2 P 3 B *MW10HPB

Collection Tubes	Cryo #	Sample vol.	Filled? Yes/No	Problems
#1 Plasma (EDTA)	11	0.5 mL	1 0 Y 0 N *MW11F	1 0 H 2 P 3 B *MW11HPB
	12	0.5 mL	1 0 Y 0 N *MW12F	1 0 H 2 P 3 B *MW12HPB
	13	0.5 mL	1 0 Y 0 N *MW13F	1 0 H 2 P 3 B *MW13HPB
	14	0.5 mL	1 0 Y 0 N *MW14F	1 0 H 2 P 3 B *MW14HPB
	15	0.5 mL	1 0 Y 0 N *MW15F	1 0 H 2 P 3 B *MW15HPB
	16	0.5 mL	1 0 Y 0 N *MW16F	1 0 H 2 P 3 B *MW16HPB
	17	0.5 mL	1 0 Y 0 N *MW17F	1 0 H 2 P 3 B *MW17HPB
	18	0.5 mL	1 0 Y 0 N *MW18F	1 0 H 2 P 3 B *MW18HPB
	19	0.5 mL	1 0 Y 0 N *MW19F	1 0 H 2 P 3 B *MW19HPB
	20	0.5 mL	1 0 Y 0 N *MW20F	1 0 H 2 P 3 B *MW20HPB

H-Hemolyzed; P=Partial; B=Both

Muscle Tissue Collection Follow-up Telephone Contact

Pittsburgh only



HABC Enrollment ID # H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *HUID	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HUACROS	Date Form Completed <input type="text"/> <input type="text"/> / *HUDATE / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	Staff ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *HUMFSTID
Visit Year: ● 16		HUGONTAG	

MUSCLE TISSUE COLLECTION FOLLOW-UP TELEPHONE CONTACT

SCRIPT: "Hello, I'm _____ from the ____ Health ABC clinic. We'd like to know how you are doing after the muscle tissue collection procedure. I'd like to ask you a few questions. Is this a good time?"

1. Please rate the pain that you have at the tissue collection site by picking a number from 0 to 10 where "0" means "No pain" and "10" means the "Worst pain you can imagine." ***HUFUPAIN**

0 1 2 3 4 5 6 7 8 9 10

Examiner Note: If participant reports any pain (1 through 10), complete the Adverse Event Form.

2. Did you need to take pain relieving drugs, such as Tylenol, for pain related to the procedure?
 Yes No Don't know Refused ***HUNEEDRX**

Please explain: _____

3. Have you had any problems related to the bandage or Dermabond, such as a rash or itching?
 Yes No Don't know Refused ***HUBNDPRO**

Please explain: _____

4. Do you have any bruising or bleeding around the tissue collection site?
 Yes No Don't know Refused ***HUBRUBLD**

- a. Are you concerned about this bruising or bleeding?
 Yes No Don't know ***HUBRUBLC**

Please explain: _____

5. Is there any sign of redness, pus, or warmth from the tissue collection site?
 Yes No Don't know Refused ***HUINFECB**

Please explain: _____

6. Have you had any other problems or concerns with the procedure?
 Yes No Don't know Refused ***HUOTPROB**

Please explain: _____

7. Is an Adverse Event Form required?
(Examiner Note: If participant reports pain at the collection site (Question #1) or answers "Yes" to any of Questions #2, #3, #4a, #5, or #6 above, complete an Adverse Event Form.)

- Yes No ***HUAEFREQ**

Please explain: _____

*Prefix for ALL variables is Y16CV_
 and suffix for all variables on this page is _p
 (data available from Pittsburgh only).

Muscle Tissue Collection Adverse Event Form
Pittsburgh only



HABC Enrollment ID # H [] [] [] [] [] *JZID	Acrostic [] [] [] [] [] [] JZACROS	Date Form Completed [] [] / [] [] / [] [] [] [] Month * JZDATE Day Year *JZAESTID	Staff ID # [] [] [] []
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Visit Year: ● 16

JZCONTAG

MUSCLE TISSUE COLLECTION ADVERSE EVENT FORM

1. Adverse Event (AE) Report # (AEs should be numbered, starting with #1 for each participant): [] [] ***JZAENO**
2. How was the clinic notified of the adverse event?
 1 In clinic 2 Interviewer-initiated 3 Participant called clinic 4 Proxy called clinic 5 Hospital/doctor called clinic
***JZHOWNOT**

3. What adverse event was reported? (*Examiner Note: If any bubbles within a box are filled in, report AE to IRB.*)

Adverse Events Reported: (Mark <u>all</u> that apply.)	Severity	Relationship to Procedure	Type of Event	Action Taken	Outcome
-1 a. <input type="radio"/> Infection of biopsy site (redness, pus, or warmth) *JZAEINF	1 <input type="radio"/> Mild 2 <input type="radio"/> Moderate 3 <input type="radio"/> Severe 4 <input type="radio"/> Life-threatening 8 <input type="radio"/> Unknown *JZAEISEV	1 <input type="radio"/> None 2 <input type="radio"/> Unlikely 3 <input type="radio"/> Possibly 4 <input type="radio"/> Probably 5 <input type="radio"/> Definitely *JZAEIRLT	Report to IRB.	Describe: _____ _____ _____	1 <input type="radio"/> Recovered 2 <input type="radio"/> Improved 3 <input type="radio"/> Unchanged 4 <input type="radio"/> Worsening 8 <input type="radio"/> Unknown *JZAEIOTC
-1 b. <input type="radio"/> Pain or discomfort *JZAEPAIN	1 <input type="radio"/> Mild 2 <input type="radio"/> Moderate 3 <input type="radio"/> Severe 4 <input type="radio"/> Life-threatening 8 <input type="radio"/> Unknown *JZAEPSEV	1 <input type="radio"/> None 2 <input type="radio"/> Unlikely 3 <input type="radio"/> Possibly 4 <input type="radio"/> Probably 5 <input type="radio"/> Definitely *JZAEPRLT	Report to IRB.	Describe: _____ _____ _____	1 <input type="radio"/> Recovered 2 <input type="radio"/> Improved 3 <input type="radio"/> Unchanged 4 <input type="radio"/> Worsening 8 <input type="radio"/> Unknown *JZAEPOTC
-1 c. <input type="radio"/> Bruising or bleeding *JZAEBRUI	1 <input type="radio"/> Mild 2 <input type="radio"/> Moderate 3 <input type="radio"/> Severe 4 <input type="radio"/> Life-threatening 8 <input type="radio"/> Unknown *JZAEBSEV	1 <input type="radio"/> None 2 <input type="radio"/> Unlikely 3 <input type="radio"/> Possibly 4 <input type="radio"/> Probably 5 <input type="radio"/> Definitely *JZAEDRLT	Report to IRB.	Describe: _____ _____ _____	1 <input type="radio"/> Recovered 2 <input type="radio"/> Improved 3 <input type="radio"/> Unchanged 4 <input type="radio"/> Worsening 8 <input type="radio"/> Unknown *JZAEBOTC
-1 d. <input type="radio"/> Problem related to bandage or Dermabond *JZAEDERM	1 <input type="radio"/> Mild 2 <input type="radio"/> Moderate 3 <input type="radio"/> Severe 4 <input type="radio"/> Life-threatening 8 <input type="radio"/> Unknown *JZAEDESEV	1 <input type="radio"/> None 2 <input type="radio"/> Unlikely 3 <input type="radio"/> Possibly 4 <input type="radio"/> Probably 5 <input type="radio"/> Definitely *JZAEBRLT	Report to IRB.	Describe: _____ _____ _____	1 <input type="radio"/> Recovered 2 <input type="radio"/> Improved 3 <input type="radio"/> Unchanged 4 <input type="radio"/> Worsening 8 <input type="radio"/> Unknown *JZAEDOTC

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _p (data available from Pittsburgh only).



HABC Enrollment ID #	Acrostic	AE Report #	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	● 16
*KJID	KJACROS	*KJAENO	KJCONTAC

MUSCLE TISSUE COLLECTION ADVERSE EVENT FORM

3. (con't) What adverse event was reported? (*Examiner Note: If any bubbles within a box are filled, report AE to IRB.*)

Adverse Events Reported: (Mark <u>all</u> that apply.)	Severity	Relationship to Procedure	Type of Event	Action Taken	Outcome
-1 e. <input type="radio"/> Reaction to lidocaine *KJAELIDO	<input type="radio"/> 1 Mild <input type="radio"/> 2 Moderate <input type="radio"/> 3 Severe <input type="radio"/> 4 Life-threatening <input type="radio"/> 8 Unknown *KJAESEV	<input type="radio"/> 1 None <input type="radio"/> 2 Unlikely <input type="radio"/> 3 Possibly <input type="radio"/> 4 Probably <input type="radio"/> 5 Definitely *KJAE LRLT	Report to IRB.	Describe: _____ _____ _____ _____ _____	<input type="radio"/> 1 Recovered <input type="radio"/> 2 Improved <input type="radio"/> 3 Unchanged <input type="radio"/> 4 Worsening <input type="radio"/> 8 Unknown *KJAELOTC
-1 f. <input type="radio"/> Vasovagal episode *KJAEFNT	<input type="radio"/> 1 Mild <input type="radio"/> 2 Moderate <input type="radio"/> 3 Severe <input type="radio"/> 4 Life-threatening <input type="radio"/> 8 Unknown *KJAEFSEV	<input type="radio"/> 1 None <input type="radio"/> 2 Unlikely <input type="radio"/> 3 Possibly <input type="radio"/> 4 Probably <input type="radio"/> 5 Definitely *KJAE FRLT	Report to IRB.	Describe: _____ _____ _____ _____ _____	<input type="radio"/> 1 Recovered <input type="radio"/> 2 Improved <input type="radio"/> 3 Unchanged <input type="radio"/> 4 Worsening <input type="radio"/> 8 Unknown *KJAEFOTC
-1 g. <input type="radio"/> Other *KJAEOTH Please specify: _____ _____ _____	<input type="radio"/> 1 Mild <input type="radio"/> 2 Moderate <input type="radio"/> 3 Severe <input type="radio"/> 4 Life-threatening <input type="radio"/> 8 Unknown *KJAEOSEV	<input type="radio"/> 1 None <input type="radio"/> 2 Unlikely <input type="radio"/> 3 Possibly <input type="radio"/> 4 Probably <input type="radio"/> 5 Definitely *KJAE ORLT	Report to IRB.	Describe: _____ _____ _____ _____ _____	<input type="radio"/> 1 Recovered <input type="radio"/> 2 Improved <input type="radio"/> 3 Unchanged <input type="radio"/> 4 Worsening <input type="radio"/> 8 Unknown *KJAEOOTC

4. Was study physician notified?
 1 Yes → Date of notification: / /
 Month Day Year *KJSDRDAT
 0 No → Go to Question #8. *KJSDRNOT

Name of physician notified:

5. Did study physician think participant should come to Health ABC clinic for follow up?

1 Yes *KJDRCLIN
 0 No

6. Was participant's physician notified?

1 Yes → Date of notification: / /
 Month Day Year *KJPDRDAT
 0 No *KJPDRNOT

Name of physician notified:

*Prefix for ALL variables is Y16CV_
 and suffix for all variables on this page is _p
 (data available from Pittsburgh only).

CT Tracking
Pittsburgh only

HABC Enrollment ID #	Acrostic	Visit Year	Date Form Completed	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
*HMID	HMACROS	HMCONTAG	*HMDATE	*HMCTSTID
			Month Day Year	



YEAR 16 CT Tracking

1. What is your...?

<input type="text"/>	<input type="text"/>	<input type="text"/>
HMCTFNM	M.I.	HMCTLNM
First Name		Last Name

2. Which thigh was measured for the last CT scan?

(Note: Refer to Data from Prior Visits Report to see which thigh was measured for participant's last CT scan.)

*HMTHIRL

1 <input type="radio"/> Right	2 <input type="radio"/> Left	3 <input type="radio"/> Neither	8 <input type="radio"/> Don't know
↓	↓	↓	↓
Measure <u>Right</u> thigh.	Measure <u>Left</u> thigh.	Measure <u>Right</u> thigh.	

3. Were any Year 16 CT scans acquired?

1 Yes

0 No

*HMOBTYN

a. On which side was the thigh length measured?

1 Right 2 Left *HMHLEN

b. Record CT exam #:

CT Exam #

c. Date CT scan(s) obtained: / /

Month Day Year

d. Health ABC staff ID# for the CT technologist:

Go to Question #5 and mark "Yes."

*HMCTEXNO

*HMCTDATE

*HMCSTFID

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _p (data available from Pittsburgh only).



HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*HNID	HNACROS	HNGONTAG

YEAR 16 CT TRACKING

4. Which scans were obtained?
(Note: Mark only one in each category.)

*HNTHISCT a. Thigh scout(s)	1 <input type="radio"/> one scout	2 <input type="radio"/> two scouts		0 <input type="radio"/> not obtained
*HNTHISCN b. Thigh scans	1 <input type="radio"/> one scan	2 <input type="radio"/> two scans	3 <input type="radio"/> three scans (protocol)	0 <input type="radio"/> not obtained
*HNEABSCT c. Extended abdominal/ spine scout(s)	1 <input type="radio"/> one scout	2 <input type="radio"/> two scouts		0 <input type="radio"/> not obtained
*HNABSCN d. Abdominal scans (at L4-L5)	1 <input type="radio"/> one scan	2 <input type="radio"/> two scans	3 <input type="radio"/> three scans (protocol)	0 <input type="radio"/> not obtained

5. Were any of the CT scans NOT obtained?

1
 Yes

0
 No

***HNNOTOB**

STOP

a. Why weren't the Year 16 CT scans done?
(Note: Mark all that apply.)

- Participant did not show up for appointment ***HNCREAS1**
- Participant refused ***HNCREAS2**
- Participant cannot lie supine ***HNCREAS3**
- Participant concerned about radiation exposure ***HNCREAS4**
- CT stopped at participant's request ***HNCREAS5**
- Equipment failure ***HNCREAS6**
- Other *(Please specify: _____)* ***HNCREAS7**

Memphis Clinic/Home Visit Procedure Checklist

Data Source for Medication Inventory Forms (MIF)

SAS Files: Y16MIF, Y16MIFCod, Y16RxCalc

Memphis only

Modified Mini-Mental State Exam (3MS)

Memphis only



HABC Enrollment ID # H [] [] [] [] [] [] *DLID	Acrostic [] [] [] [] [] [] DLACROS	Date Form Completed [] [] / *DLDATE [] [] [] [] [] [] Month / Day / Year	Staff ID# [] [] [] [] [] [] *DLMSTID
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Visit Year ● 16 **DLCONTAG**

MODIFIED MINI-MENTAL STATE EXAM (3MS)

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.

(Examiner Note: Record responses. If the participant does not answer, mark the "No response" option.)

1. When were you born? ***DLBORN**
***DLBORN** ***DLBORN** **1**

a. [] [] / b. ***DLBORN** [] [] No response
Month Day Year ***DLBORN**

Where were you born?
(Place of Birth?)

	Answer given	Can't do/ Refused	Not attempted/ disabled
d. City/town	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. State/Country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***DLCITY**
***DLSTE**

**Examiner Note:
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:
Socks, Black, Charity
(Examiner Note: 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. Record responses to first attempt below.)

	Correct	Error/ Refused	Not attempted/ disabled
a. Socks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Charity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Numbers of presentations necessary for the participant to repeat the sequence:	[]	*DLNUM presentations	

3. a. I would like you to count from 1 to 5.
***DLCNT**

1 Able to count forward **2** Unable to count forward
Say 1-2-3-4-5

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

[] [] [] [] []

4. a. Spell "world."
***DLSPL**

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

b. Now spell "world" backwards
(Examiner Note: Record letters in order given. Enter "xxxxx" if no response.)

[] [] [] [] []

***DLSPWLD**

***DLSOCKS**
***DLBLACK**
***DLCHRITY**

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _m (data available from Memphis only).

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DMACROS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16 DMCONTAG <input type="text"/> <input type="text"/> <input type="text"/>

5. What three words did I ask you to remember earlier?
(Examiner Note: 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. Socks

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

b. Black

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

c. Charity

- 1 Spontaneous recall *DMCHARRM
- 2 Correct word/incorrect form
- 3 After "A good personal quality"
- 4 After "Was it charity, honesty, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

6. a. What is today's date?
(Examiner Note: If the participant does not answer, mark the "No response" option.)
*DMTDAYM / / *DMTDAYD / *DMTDAYY No response
Month Day Year
1 *DMTDAYRF

b. What is the day of the week?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)
1 Correct *DMDAYWK
7 Error/refused Day of the week
3 Not attempted/disabled

c. What season of the year is it?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)
1 Correct *DMSEAS
7 Error/refused Season
3 Not attempted/disabled

7. a. What state are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)
1 Correct *DMSTAT
7 Error/refused State
3 Not attempted/disabled

b. What county are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)
1 Correct *DMCNTY
7 Error/refused County
3 Not attempted/disabled

c. What (city/town) are we in?
(Examiner Note: Write answer if incorrect, enter 'X' if no response, and mark Error/refused.)
1 Correct *DMCITN
7 Error/refused City/town
3 Not attempted/disabled

d. Are we in a clinic, store, or home?
(Examiner Note: If correct answer [e.g., hospital or nursing home] is not among the three alternatives, 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.)
1 Correct *DMWHRE
7 Error/refused
3 Not attempted/disabled

8. (Examiner Note: 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? *DNPENC	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
b. Watch: What is this? *DNWTCH	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
c. Forehead: What do you call this part of the face? *DNFRHD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
d. Chin: And this part? *DNCHIN	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
e. Shoulder: And this part of the body? *DNSHLD	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
f. Elbow: And this part? *DNELP	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3
g. Knuckle: And this part? *DNKNK	<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 3

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

(Examiner Note: 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): *DNE2SCR

(Examiner Note: Write any additional correct answers on a separate sheet of paper.)

10. (Examiner Note: 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.)

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

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

b. In what way are laughing and crying alike?

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

c. In what way are eating and sleeping alike?

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

11. Repeat what I say: "I would like to go out." (Examiner Note: Pronounce the individual words distinctly but with normal tempo of a spoken sentence.)

- 1 Correct *DNRPT
- 2 1 or 2 words missed
- 7 3 or more words missed/refused
- 3 Not attempted/disabled

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

(Examiner Note: 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
*CVIF	1	7	3
a. no ifs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVAND	1	7	3
b. ands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVBUT	1	7	3
c. or buts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Examiner Note: Hold up card #18 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." *CVCRD1

- 1 Closes eyes without prompting
- 2 Closes eyes after prompting
- 3 Reads aloud, but does not close eyes
- 7 Does not read aloud or close eyes/refused
- 5 Not attempted/disabled

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

(Examiner Note: 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
*CVWLD	1	7	3
a. would	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVLKE	1	7	3
b. like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVTO	1	7	3
c. to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVGO	1	7	3
d. go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*CVOUT	1	7	3
e. out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Examiner Note: 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 *CVHAND
- 8 Unknown

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*CWID	CWACROS	CWCONTAC

15. Here is a drawing. Please copy the drawing onto this piece of paper.
(Examiner Note: Hand participant card #19. 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 *CWPE11

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

b. Pentagon 2

- 1 5 approximately equal sides
- 2 5 sides, but longest:shortest side is >2:1
- 3 nonpentagon enclosed figure *CWPE22
- 4 2 or more lines, but it is not an enclosed figure
- 7 less than 2 lines/refused
- 6 not attempted/disabled

c. Intersection

- 1 4-cornered enclosure
- 2 not a 4-cornered enclosure *CWINT
- 7 no enclosure/refused
- 4 not attempted/disabled

16. *(Examiner Note: 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."

(Examiner Note: 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	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. Folds paper in half	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
c. Hands paper back	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

*CWPCOR
*CWPFLD
*CWPHND

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CXACROS	● 16 CXCONTAG

17. What three words did I ask you to remember earlier?
(Examiner Note: 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. Socks

- 1 Spontaneous recall *CXSOCK2
- 2 Correct word/incorrect form
- 3 After "Something to wear"
- 4 After "Was it socks, shirt, or shoes?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

b. Black

- 1 Spontaneous recall
- 2 Correct word/incorrect form *CXBLA2
- 3 After "A color"
- 4 After "Was it black, blue, or brown?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

c. Charity

- 1 Spontaneous recall
- 2 Correct word/incorrect form *CXCHAR2
- 3 After "A good personal quality"
- 4 After "Was it charity, honesty, or modesty?"
- 7 Unable to recall/refused (provide the correct answer)
- 6 Not attempted/disabled

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

(Examiner Note: 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. <u> </u> *CXCITY2 City/town	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>
b. <u> </u> *CXSTE2 State/Country	1 <input type="radio"/>	7 <input type="radio"/>	3 <input type="radio"/>

19. *(Examiner Note: If physical/functional disabilities or other problems exist which cause the participant difficulty in completing any of the tasks, record the nature of the problem listed below. Mark all that apply.)*

- 1 Vision *CXVIS
- 1 Hearing *CXHEAR
- 1 Writing problems due to injury or illness *CXWRITE
- 1 Illiteracy or lack of education *CXILLIT
- 1 Language *CXLANG
- 1 Other *CXOTH
(Please record the specific problem in the space provided.)

4-Meter Walk

Memphis only

HABC Enrollment ID # H [] [] [] [] [] []	Acrostic [] [] [] [] [] []	Year of Visit ● 16	Staff ID# [] [] [] []
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4-METER WALK

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1. Which walk was set up? ***DUXMW**

- 1 4-meter 2 3-meter 3 None:

No 3-meter space was available →

Go to next test.

USUAL PACE WALK

2. Describe the 4-meter walk and demonstrate how to walk past the tape.

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3. To start the test, say,

Script: "Ready, Go."

4. Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)

***DUXMWTM1**

Time on stopwatch: [] [] . [] []
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

7 Participant refused

Go to next test.

***DUXMW1**

9 Not attempted, unable

Go to next test.

(Please comment: _____)

1 Attempted, but unable to complete

Go to next test.

(Please comment: _____)

5. Reset the stopwatch and have the participant repeat the usual-pace walk.

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: [] [] . [] [] ***DUXMWTM2**
Second Hundredths/Sec

6. RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: [] [] . [] [] ***DUXMWTM3**
Second Hundredths/Sec

7 Participant refused

Go to next test.

***DUXMW3**

9 Not attempted, unable

Go to next test.

(Please comment: _____)

1 Attempted, but unable to complete

Go to next test.

(Please comment: _____)

7. Was the participant using a walking aid, such as a cane or walker? 1 Yes 0 No ***DUWLKAID**

DXA Scan (Hip and Whole Body)

Memphis only



HABC Enrollment ID #	Acrostic	Date Scan Completed			Staff ID #
H [] [] [] [] []	[] [] [] [] []	[] [] / [] [] / [] [] [] []	[] []	[] []	[] [] [] []
*DZID	DZACROS	Month	Day	Year	*DZDXSTID

Year of Visit: ● 16 **DZCONTAG**

DXA SCAN (HIP and WHOLE BODY)

1. Do you have breast implants?
 Yes No Don't know Refused ***DZBI**

- ◆ Flag scan for review by DXA Reading Center.
- ◆ Indicate in the table in Question #2 whether breast implant is in "Left ribs" or "Right ribs" subregion, or both.

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?
 Yes No Don't know Refused ***DZMO**

- a. Flag scan for review by DXA Reading Center.
 b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub-regions are those defined by the whole body scan analysis).

Sub-region	Hardware	Other Artifacts	None	
Head	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZHEAD
Left arm	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZLA
Right arm	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZRA
Left ribs	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZLR
Right ribs	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZRR
Thoracic spine	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZTS
Lumbar spine	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZLS
Pelvis	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZPEL
Left leg	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZLL
Right leg	1 <input type="radio"/>	2 <input type="radio"/>	9 <input type="radio"/>	*DZRL

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _m (data available from Memphis only).

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16
*E3ID	E3ACROS	E3CONTACT

DXA SCAN (HIP and WHOLE BODY)

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

	Yes	No	Don't know	Refused	
a. Barium enema	1 <input type="radio"/> *	0 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>	*E3BE
b. Upper GI X-ray series	1 <input type="radio"/> *	0 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>	*E3UGI
c. Lower GI X-ray series	1 <input type="radio"/> *	0 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>	*E3LGI
d. Nuclear medicine scan	1 <input type="radio"/> *	0 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>	*E3NUKE
e. Other tests using contrast ("dye") or radioactive materials	1 <input type="radio"/> *	0 <input type="radio"/>	8 <input type="radio"/>	7 <input type="radio"/>	*E3OTH2

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

4. Have you ever had hip replacement surgery where all or part of your joint was replaced? ***E3HIPRP**

1 Yes 0 No 8 Don't know 7 Refused

On which side did you have hip replacement surgery? ***E3HIPRP2**

1 Right 2 Left 3 Both

Do NOT scan right hip.

Do NOT scan left hip.

Do NOT scan either hip.
Go to Question #6 on the next page.

5. Which hip was scanned at the Baseline (Year 1) Clinic Visit?
(Examiner Note: Refer to Data from Prior Visits Report to see which hip was scanned at Baseline.)

1 Right

↓

Scan right hip unless contraindicated.

2 Left

↓

Scan left hip unless contraindicated.

3 Neither

↓

Scan right hip unless contraindicated.

8 Don't know

↓

***E3HIPY1**

HABC Enrollment ID #	Acrostic	Year of Visit
H [] [] [] [] [] *E4ID	[] [] [] [] E4ACROS	● 16 E4CONTAG

DXA SCAN (HIP and WHOLE BODY)

6. Was a bone density measurement obtained for...?

a. Whole body

1
 Yes No **0**

***E4WB**

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

Date of scan: [] [] / [] [] / [] [] [] []
Month Day Year

***E4SCAN1**

***E4SCDTE**
1

b. Hip

1
 Yes No **0**

***E4HIP**

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

Date of scan: [] [] / [] [] / [] [] [] []
Month Day Year

***E4SCAN2**

***E4SCDTE**
2

*Prefix for ALL variables is Y16CV_
and suffix for all variables on this page is _m
(data available from Memphis only).

Radial Pulse

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16	<input type="text"/> <input type="text"/> <input type="text"/>
*D9ID	D9ACROS	D9CONTACT	*D9RPSTID

RADIAL PULSE

Measurement 1 beats per 30 seconds ***D9PLSSM1**

+

Measurement 2 beats per 30 seconds ***D9PLSSM2**

= beats per minute ***D9PLSAV**

Blood Pressure

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16	<input type="text"/> <input type="text"/> <input type="text"/>
<i>*DHID</i>	<i>DHACROS</i>	<i>DHGONTAG</i>	<i>*DHPSTID</i>

BLOOD PRESSURE

Examiner Note: Blood pressure measurement should be obtained prior to administering the Isokinetic Quadriceps Strength (Kin-Com) measurement.

1. Cuff Size ⁴ Small ¹ Regular ² Large ³ Thigh **DHOCUF*

2. Arm Used ¹ Right ² Left **→**
(Examiner Note: Use arm listed on Data from Prior Visits Report.) **DHARMRL*

Please explain why right arm was not used:

Pulse Obliteration Level

3. Palpated Systolic **DHPOPS* * Add +30 to Palpated Systolic to obtain Maximal Inflation Level.

+ Add 30*

4. Maximal Inflation Level (MIL) **DHPOMX* + If MIL is ≥ 300 mm Hg, repeat the MIL. If MIL is still ≥ 300 mm Hg, terminate blood pressure measurements.

5. Was blood pressure measurement terminated because MIL was ≥ 300 mmHg after second reading?
 Yes ⁰ No **DHBPYN*

Blood Pressure (Seated)

6. Systolic **DHSYS* *Comments (required for missing or unusual values):* _____

7. Diastolic **DHDIA* _____

Grip Strength

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *DPID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPACROS	● 16 DPCONTAG	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *DPGSSTID

GRIP STRENGTH (Hand-Held Dynamometry)

1. Have you had any surgery on your hands or wrists in the past 3 months?

- Yes No Don't know Refused

*DPWRST1

a. Which hand?

Right Left Both right and left

*DPWRTRL

Do NOT test right.

Do NOT test left.

Do NOT test either hand.
 Go to Questions #4 and #5 on next page and mark "Unable to test/exclusion/didn't understand."

2. Has any pain or arthritis in your right hand gotten worse recently?

- Yes No Don't know Refused

*DPARWRSR

a. Will the pain keep you from squeezing as hard as you can?

Yes No Don't know

Yes No Don't know

Yes No Don't know

*DPPSQ1

3. Has any pain or arthritis in your left hand gotten worse recently?

- Yes No Don't know Refused

*DPARWRSR

a. Will the pain keep you from squeezing as hard as you can?

Yes No Don't know

Yes No Don't know

Yes No Don't know

*DPPSQ2



HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16

GRIP STRENGTH (Hand-Held Dynamometry)

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

Examiner Note: *Hand the dynamometer to the participant. Adjust if needed.*

Script: "Now try it once just to get the feel of it. For this practice, 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?"

Examiner Note: *Show dial to participant.*

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

4. Right Hand ⁻¹ Unable to test/exclusion/didn't understand *DQNOTST

*DQRTR1

Trial 1: kg ⁷ Refused ⁹ Unable to complete *DQRRUC1

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

*DQRTR2

Trial 2: kg ⁷ Refused ⁹ Unable to complete *DQRRUC2

Repeat the procedure on the left side.

5. Left Hand ⁻¹ Unable to test/exclusion/didn't understand *DQLNTST

Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

*DQLTR1

Trial 1: kg ⁷ Refused ⁹ Unable to complete *DQLRUC1

Examiner Note: *Wait 15-20 seconds before second trial.*

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

*DQLTR2

Trial 2: kg ⁷ Refused ⁹ Unable to complete *DQLRUC2

Chair Stands

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16	<input type="text"/> <input type="text"/> <input type="text"/>
*DRID	DRACROS	DRCONTAG	*DRCSSTID

CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs where you stand up without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?"

Test: "Ready, Go!"

*DRSCS

- | | | |
|---|---|--|
| 7
<input type="radio"/> Participant refused | → | Go to Standing Balance on Page P7/M12. |
| 9
<input type="radio"/> Not attempted, unable | → | Go to Standing Balance on Page P7/M12. |
| 0
<input type="radio"/> Attempted, unable to stand | → | Go to Standing Balance on Page P7/M12. |
| 1
<input type="radio"/> Rises using arms | → | Go to Standing Balance on Page P7/M12. |
| 2
<input type="radio"/> Stands without using arms | → | Go to Repeated Chair Stands below. |

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times as quickly as you can keeping your arms folded across your chest."

Demonstrate and say: "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'll demonstrate two chair stands to show you how it's done."

Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

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

Examiner Note: Start timing as soon as you say "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

- | | | |
|--|--------|---|
| 7
<input type="radio"/> Participant refused | | |
| 9
<input type="radio"/> Not attempted, unable | *DRRCS | |
| 1
<input type="radio"/> Attempted, unable to complete 5 stands without using arms | → | <input type="text"/> Number completed without using arms |
| 2
<input type="radio"/> Completes 5 stands without using arms | → | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Seconds to complete |
- *DRCOMP
- *DRSEC

Standing Balance

Both

Balance Walks

Both

20-Meter Walk

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H *DWID	DWACROS	● 16	
		DWGONTAG	*DW20STID

20-METER WALK

1. Describe the 20-meter walk.

Script: Describe: "This is a two part walking test. For this first part of the test, please walk at your normal walking speed. Place your toes behind the start line. Then go past the orange cone and STOP."

Examiner Note: Demonstrate how to walk past the cone.

"Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

2. To start the test, say, "Ready, Go."

3. Begin timing and counting participant's steps until their first footfall over the finish line at 20 meters. You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor on the first step).

When the participant reaches the 20-meter mark, push the right-hand STA/STP button on the stop watch, and record the number of steps taken. You will need to carry the form on a clipboard.

USUAL PACE

a. Number of steps for usual-pace 20-meter walk: steps

*DWX0STP1

7 Participant refused

*DW20MW1

Record the time it took to do the usual-pace 20-meter walk.

9 Not attempted, unable

1 Attempted, unable to complete

b. Time on stop watch: : .
 Min Second Hundredths/Sec

*DW20TM1A *DW20TM1B (Examiner Note: Do not record time.)

Reset the stop watch and have the participant repeat the 20-meter walk by walking back to the starting line. Instruct the participant to walk as quickly as they can for the second portion of the test.

Script: "OK, fine. Now turn around and when I say go, walk back the other way as fast as you can. Ready, Go."

When the participant reaches the starting line, push the right-hand STA/STP button on the stop watch, and record the number of steps taken.

FAST PACE

a. Number of steps for fast-pace 20-meter walk: steps

*DW20STP2

7 Participant refused

*DW20MW2

Record the time it took to do the fast-paced 20-meter walk.

9 Not attempted, unable

1 Attempted, unable to complete

b. Time on stop watch: : .
 Min Second Hundredths/Sec

*DW20TM2A *DW20TM2B (Examiner Note: Do not record time.)

4. Was the participant using a walking aid, such as a cane?

1 Yes 0 No

*DWLKAID

Standing Height

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *DXID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DXACROS	● 16 DXCONTAG	<input type="text"/> <input type="text"/> <input type="text"/> *DXSHSTID

STANDING HEIGHT

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

1. Was the participant standing sideways due to kyphosis at the baseline [Year 1] clinic visit?
(Examiner Note: Refer to Data from Prior Visits Report. If possible, use the same position that was used at the baseline clinic visit.)

1 Yes 0 No 8 Don't know *DXY1KYP

2. Is the participant standing sideways due to kyphosis during today's height measurement?

1 Yes 0 No *DXKYP

3. Measurement 1: mm *DXSH1

4. Measurement 2: mm *DXSH2

5. Difference between Measurement 1 & Measurement 2 mm *DXSHDF

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

1 Yes 0 No *DXSHDF3

Complete Measurement 3 and Measurement 4 below.

Go to Weight.

7. Measurement 3: mm *DXSH3

8. Measurement 4: mm *DXSH4

Weight

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
<div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">H</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <p style="text-align: center; color: blue; margin-top: 5px;">*DYID</p>	<div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <p style="text-align: center; color: blue; margin-top: 5px;">DYACROS</p>	<p>● 16</p> <p style="color: gray; font-size: small;">DYCONTAC</p>	<div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <p style="text-align: center; color: blue; margin-top: 5px;">*DYWTSTID</p>

WEIGHT

Examiner Note: Weight is measured without shoes, heavy jewelry, or wallets.

1. Measurement 1:

.

kg
*DYWTK

2. Measurement 2:

.

kg
*DYWTK2
*DYWT2NOT
1○ Measurement 2 not done because of concerns about participant safety.

Isokinetic Quadriceps Strength (Kin-Com)

Both



HABC Enrollment ID #	Acrostic	Visit Year	Staff ID#
H [] [] [] [] [] *E5ID	[] [] [] [] [] E5ACROS	● 16 E5GONTAG	[] [] [] [] *E5KCSTID

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Exclusion Criteria

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

(Examiner Note: Refer to Blood Pressure Form, Page P3/M3.)

1 Yes 0 No 8 Don't know

***E5BP2**

Do NOT test. Go to Page P16/M24, Question #11.

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

2. Has a doctor ever told you that you had an aneurysm in the brain?

1 Yes 0 No 8 Don't know

7 Refused ***E5ANEU**

Do NOT test. Go to Page P16/M24, Question #11.

3. Has a doctor told you that you had a cerebral hemorrhage (bleeding in the brain) in the last six months?

1 Yes 0 No 8 Don't know

7 Refused ***E5CERHEM**

Do NOT test. Go to Page P16/M24, Question #11.

4. Have you ever had knee surgery on either leg where all or part of the joint was replaced?

1 Yes 0 No 8 Don't know

7 Refused ***E5KNRP**

Which leg? 1 <input type="radio"/> Right leg	2 <input type="radio"/> Left leg	3 <input type="radio"/> Both legs	*E5KRLB1
Do NOT test right leg.	Do NOT test left leg.	Do NOT test. Go to Page P16/M24, Question #11.	

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> *E6ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

5. During the Kin-Com exam, which leg was tested at the baseline (Year 1) clinic visit?

(Examiner Note: Refer to the Data from Prior Visits Report to see which leg was tested at baseline.)

1 Right leg 2 Left leg 0 Test not performed at baseline *E6KCLBAS

Test right leg unless contraindicated. Test left leg unless contraindicated.

a. Which leg was tested the first time the participant had this exam?
(Examiner Note: Refer to the Data from Prior Visits Report.)

1 Right leg 2 Left leg 3 Neither *E6KCY1

Test right leg unless contraindicated. Test left leg unless contraindicated.

i. Which hip was scanned during the baseline (Year 1) clinic visit?
(Examiner Note: Refer to Data from Prior Visits Report.)

1 Right hip 2 Left hip 3 Neither *E6KCY1HP

Test right leg unless contraindicated. Test left leg unless contraindicated. Test right leg unless contraindicated.

6. Have you ever had an injury that has made one leg weaker than the other?

(Examiner Note: Do not change leg tested based on this question.)

1 Yes 0 No 8 Don't know 7 Refused *E6INYN

a. Which leg is stronger?

1 Right leg 2 Left leg 8 Don't know *E6WKR

7. Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritis, injury, or some other condition?

(Examiner Note: Do not change leg tested based on this question. First try the Manual Test to determine if Kin-Com exam can be performed.)

1 Yes 0 No 8 Don't know 7 Refused *E6KNEE

a. Which knee?

1 Right knee 2 Left knee 3 Both knees *E6KRLB2

HABC Enrollment ID #	Acrostic	Visit Year
H [] [] [] [] []	[] [] [] [] []	● 16

*E7ID

E7ACROS

E7CONTAG

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Test

8. Which leg was tested?

¹ Right leg

² Left leg

³ Manual Test not performed

*E7RL2

Please explain why:

Examiner Note: Put hands above the participant's ankle and ask the participant to press against your hands. Keep your elbows extended and use the weight of your upper body to resist the push.

After having tried the movement, the participant should be asked:

9. Did you have pain in your knee that stopped you from pushing hard?

¹ Yes

⁰ No

*E7KNPN

Check Page P13/M21, Question #4 to see if other leg can be tested.

Perform Kin-Com exam. Go to Page P16/M24.

a. Can other side be tested?

¹ Yes

⁰ No

*E7CANMS

Do Manual Test on other side.

Do NOT test. Go to Page P16/M24, Question #11.

After having tried the movement, the participant should be asked:

b. Did you have pain in your knee that stopped you from pushing hard?

¹ Yes

⁰ No

*E7KNPN2

Do NOT test. Go to Page P16/M24, Question #11.

Test this leg.

HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>*E8ID</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>E8ACROS</i>	● 16 <i>E8CONTAC</i>

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Positioning Settings

10. Examiner Note: Refer to Data from Prior Visits Report. If possible, use settings from the Baseline or First Measurement of Isokinetic Quadriceps Strength unless contraindicated. If contraindicated, use settings from Last (Most Recent) Measurement of Isokinetic Quadriceps Strength or modify settings as needed in order to safely test participant. Enter current settings below.

- a. Dynamometer tilt ° **E8DTLT*
- b. Dynamometer rotation ° **E8DROT*
- c. Lever arm green C stop **E8LEVGR*
- d. Lever arm red D stop **E8LEVRD*
- e. Seat rotation ° **E8STROT*
- f. Seat back angle ° **E8STBK*
- g. Seat bottom depth cm **E8STBOT*
- h. Seat bottom angle ° **E8STBOTA*
- i. Lever arm length cm **E8LENGTH*
- j. Maximum isometric effort to determine starting force ÷ 2 = **E8MAXFC* → **E8STFOR* Enter as Start Forward Force

Kin Com Test

11. Which leg was tested?
 1 Right 2 Left 3 Neither; test not done **E8RL3*

a. How many trials were attempted?
 trials **E8TRAT*

b. Were three curves accepted?
 1 Yes 0 No **E8CURV*

i. Why not?

ii. How many curves were accepted?
 accepted **E8TRAC*

c. Peak Torque
 Nm **E8PKTORQ*

d. Average Torque
 Nm **E8AVTORQ*

Why wasn't the test done?
(Examiner Note: Mark all that apply.) **E8EEC*

-1 Participant excluded based on eligibility criteria **E8KPRF*

-1 Participant refused **E8KPRE*

-1 Equipment problems **E8OTEX*

-1 Other *(Please specify:* _____ *)*

Accelerometer Screener and Distribution

Both

HABC Enrollment ID #	Acrostic	Visit Year	Date Form Completed	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *EMID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EMAGROS	● 16 EMCONTAC	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year *EMADDATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *EMASSTID

ACCELEROMETER SCREENER AND DISTRIBUTION

1. Is the participant unable to move either of their arms due to paralysis, amputation, or other reason?

1 Yes

0 No

***EMARMDIS**

a. Which arm does the participant have difficulty moving?

1 Right

2 Left

***EMARMDRL**

3 Both Right and Left

Place accelerometer on Left wrist only.

Place accelerometer on Right wrist only.

NOT eligible for wrist accelerometer. Go to Page P23/M27, Question #4.

2. Which hand has the participant used to write with?
(Examiner Note: Refer to Data from Prior Visits Report.)

1 Right

2 Left

3 Both Right and Left

8 Don't know

***EMARMWRI**



HABC Enrollment ID H [] [] [] [] [] *ENID	Acrostic [] [] [] [] [] ENACROS	Visit Year ● 16 ENCONTAG	Staff [] [] [] *ENADSTI
--	--	--------------------------------	----------------------------------

ACCELEROMETER SCREENER AND DISTRIBUTION

3. This question has been removed and replaced with Questions #5 and #6 on next page.

4. Did the participant receive an accelerometer for the hip?

1 Yes

0 No

*ENHACCYN

a. Record last five digits of serial number:
[] [] [] [] [] *ENHACCNU

b. Date hip accelerometer given to participant:
[] [] / [] [] / [] [] [] []
Month Day Year *ENHAIDAT

c. Date hip accelerometer set to start recording: *ENHARDAT
[] [] / [] [] / [] [] [] []
Month Day Year

d. Time hip accelerometer set to start recording:
[] [] : [] [] am pm *ENHRACH
Hours Minutes

Why didn't participant receive a hip accelerometer?
(Examiner Note: Mark all that apply.)

1 Physical/medical problem *ENHREAS1
(Please specify: _____)

1 Cognitive impairment *ENHREAS2

1 Participant refused *ENHREAS3

1 No device available *ENHREAS4

1 Equipment problem *ENHREAS5

1 Other (Please specify: _____) *ENHREAS6

*ENAHAMPM

*ENMINACH

HABC Enrollment ID #	Acrostic	Visit Year
H [] [] [] [] [] <i>*EPID</i>	[] [] [] [] [] <i>EPACROS</i>	● 16 <i>EPCONTAG</i>

ACCELEROMETER SCREENER AND DISTRIBUTION

5. Did the participant receive an accelerometer for the Right wrist?
 Yes No **EPWACYNR*

a. Record last five digits of serial number:
 [] [] [] [] [] **EPWACNUR*

b. Date Right wrist accelerometer was initialized:
 [] [] / [] [] / [] [] [] [] []
 Month Day Year **EPWAIDTR*

c. Date Right wrist accelerometer set to start recording:
 [] [] / [] [] / [] [] [] [] []
 Month Day Year **EPWARDTR*

d. Time Right wrist accelerometer set to start recording:
 [] [] : [] [] am pm
 Hours Minutes **EPHACWR* **EPMNACWR* **EPAWAMPR*

Why didn't participant receive a Right wrist accelerometer?
(Examiner Note: Mark all that apply.)

Participant not eligible due to arm paralysis, amputation **EPWREA1R*

Physical/medical problem other than arm paralysis, amputation **EPWREA2R*

(Please specify: _____)

Cognitive impairment **EPWREA3R*

Participant refused **EPWREA4R*

No device available **EPWREA5R*

Equipment problem **EPWREA6R*

Other *(Please specify: *EPWREA7R _____)*

6. Did the participant receive an accelerometer for the Left wrist?
 Yes No **EPWACYNL*

a. Record last five digits of serial number:
 [] [] [] [] [] **EPWACNUL*

b. Date Left wrist accelerometer was initialized:
 [] [] / [] [] / [] [] [] [] []
 Month Day Year **EPWAIDTL*

c. Date Left wrist accelerometer set to start recording:
 [] [] / [] [] / [] [] [] [] []
 Month Day Year **EPWARDTL*

d. Time Left wrist accelerometer set to start recording:
 [] [] : [] [] am pm
 Hours Minutes **EPHACWL* **EPMNACWL* **EPAWAMPL*

Why didn't participant receive a Left wrist accelerometer?
(Examiner Note: Mark all that apply.)

Participant not eligible due to arm paralysis, amputation **EPWREA1L*

Physical/medical problem other than arm paralysis, amputation **EPWREA2L*

(Please specify: _____)

Cognitive impairment **EPWREA3L*

Participant refused **EPWREA4L*

No device available **EPWREA5L*

Equipment problem **EPWREA6L*

Other *(Please specify: *EPWREA7L _____)*

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _b (data available from both Pittsburgh and Memphis).

Accelerometer Return

Both



Draft



HABC Enrollment ID # H [] [] [] [] [] [] *MPID	Acrostic [] [] [] [] [] [] MPAGROS	Date Form Completed [] [] / [] [] / [] [] [] [] Month Day Year *MPDATE	Staff ID # [] [] [] [] *MPARSTID
---	--	--	---

ACCELEROMETER RETURN

WRIST ACCELEROMETER

Visit Year: ● 16

MPCONTAG

1a. Date participant returned right wrist accelerometer to clinic: ***MPWRETRD**

[] [] / [] [] / [] [] [] []
Month Day Year

***MPWANOR**

1 Right wrist accelerometer not returned

1b. Date participant returned left wrist accelerometer to clinic: ***MPWRETDL**

[] [] / [] [] / [] [] [] []
Month Day Year

***MPWANOL**

1 Left wrist accelerometer not returned

2ai. Date right wrist accelerometer data downloaded from device to computer: ***MPWDATDR**

[] [] / [] [] / [] [] [] []
Month Day Year

2aii. Date left wrist accelerometer data downloaded from device to computer: ***MPWDATDL**

[] [] / [] [] / [] [] [] []
Month Day Year

bi. Staff ID# of examiner who downloaded right wrist accelerometer data:

***MPWDDSTR**

[] [] []

bii. Staff ID# of examiner who downloaded left wrist accelerometer data:

***MPWDDSTL**

[] [] []

HIP ACCELEROMETER

3. Date hip accelerometer returned to Field Center:

[] [] / [] [] / [] [] [] []
Month Day Year

***MPHRETDL**

***MPHANOTR**

1 Hip accelerometer not returned

4a. Date hip accelerometer data downloaded from device to computer:

[] [] / [] [] / [] [] [] []
Month Day Year

***MPHDATAD**

b. Staff ID# of examiner who downloaded hip accelerometer data:

[] [] []

***MPHDDSTF**

5. Was Activity Diary returned?

1 Yes

0 No

***MPADIAR**

a. Were any entries made on the Activity Diary?

1 Yes

0 No

***MPADIARE**

*Prefix for ALL variables is Y16CV_ and suffix for all variables on this page is _b (data available from both Pittsburgh and Memphis).



Source for Year 16 Visit
SAS File – Y16HipAccelLog
Both



HABC Enrollment ID #	Acrostic	Visit Year
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	● 16 HZGONTAG
*HZID	HZACROS	

DAY HIP MONITOR LOG *HZDAY

1. Today's date: / / *HZDATEM
 Month Day Year

2. Day: ¹ Monday ² Tuesday ³ Wednesday ⁴ Thursday ⁵ Friday ⁶ Saturday ⁷ Sunday *HZDAYM

3. Time I put hip monitor on (right after getting up): : ¹ am
 ² pm *HZMHIPSA
 *HZMHIPSH *HZMHIPSM

4. Time I took hip monitor off (right before going to sleep): : ¹ am
 ² pm *HZMHIPSA
 *HZMHIPSH *HZMHIPSM

REMINDER: WRIST MONITORS SHOULD BE WORN WHILE SLEEPING.