

HOME VISIT

TABLE OF CONTENTS

1. Background and rationale.....2

2. Equipment, supplies, and forms2

3. Safety issues and exclusions3

4. Participant preparation for home visit.....3

5. Detailed measurement procedures4

5.1 Procedure checklist and exit interview5

6. Alert values/follow-up/reporting to participants6

7. Quality assurance.....6

7.1 Training requirements6

7.2 Certification requirements.....6

7.3 4-meter walk training requirements7

7.4 4-meter walk certification requirements7

7.5 4-meter walk certification checklist7

Appendix 1 Pre-Home Visit Instructions9

Appendix 2 4-meter walk data collection form10

Appendix 3 Year 16 Memphis Home Visit Procedure Checklist.....11

Appendix 4 Health ABC Examination Results.....12

HOME VISIT

1. Background and rationale

As Health ABC participants get older, it may become difficult for some participants to come into the clinic for a clinic visit due to a variety of reasons, including illness, caregiving responsibilities, having moved out of the area, etc. If a participant is beyond the target window for their clinic visit, they should be offered a home visit (ideally).

2. Equipment, supplies, and forms



HOME VISIT CHECKLIST

GENERAL SUPPLIES

- Consent Form
- Data from Prior Visit Report
- Home Visit Workbook
- Event Forms (multiple copies)
- Participant's name, address, and phone number
- Directions and gate codes, if needed
- Most current contact information
- Clipboard
- Black pens
- Maps
- Cell phone
- Health ABC car sign
- Backpack or luggage cart with wheels to carry small equipment
- Participant results report for home visit

INDIVIDUAL EXAM SUPPLIES

<p>WEIGHT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Portable scale <p>RADIAL PULSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stopwatch <p>BLOOD PRESSURE (SEATED)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stethoscope <input type="checkbox"/> Plastic (ziplock) bag to encase portable sphygmomanometer <input type="checkbox"/> Portable standing mercury column sphygmomanometer <p>Blood pressure cuffs in four sizes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 large adult cuff <input type="checkbox"/> 1 thigh cuff <input type="checkbox"/> 1 pediatric cuff <input type="checkbox"/> 1 regular adult cuff <input type="checkbox"/> Black ball point pen, black eyeliner pencil <input type="checkbox"/> Tape measure <p>MODIFIED MINI-MENTAL (3MS)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No. 2 pencils with eraser <input type="checkbox"/> Stopwatch <input type="checkbox"/> Response cards <input type="checkbox"/> Several pieces of blank paper 	<p>GRIP STRENGTH (hand-held dynamometry)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jamar Hydraulic Hand Dynamometer <input type="checkbox"/> Mouse pad <p>4-METER WALK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stopwatch <input type="checkbox"/> Tape measure <input type="checkbox"/> Masking tape <p>CHAIR STANDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stopwatch <p>STANDING BALANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stopwatch <p>ACCELEROMETRY</p> <ul style="list-style-type: none"> <input type="checkbox"/> ActiGraph <input type="checkbox"/> ActiGraph waist belt for hip <input type="checkbox"/> ActiGraph wrist straps (blue and black) <input type="checkbox"/> Activity monitor logs
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7/3/2013

Note: See Overview of Year 16 Memphis Clinic Visit operations manual for Data from Prior Visits Report.

3. Safety issues and exclusions

There are no exclusions for most of the exams administered during the home visit. Review individual operations manuals for safety exclusion criteria.

4. Participant preparation for home visit

The night before the scheduled home visit, call the participant to remind them of their appointment. See Appendix 1 for detailed instructions.

Weight: Study participants will be encouraged to empty their bladders and/or bowels prior to the measurement.

Script: “The measurement that we are about to take is more accurate if you use the bathroom before we measure you. If you need to use the bathroom, please use it now, before we weigh you.”

Weight is measured without shoes or heavy jewelry and with no keys or heavy objects in the participant’s pockets.

Radial pulse and blood pressure: Caffeine (from coffee, tea, or soda), eating, heavy physical activity, smoking and alcohol should be proscribed for 30 minutes prior to measuring radial pulse or measuring blood pressure.

Grip strength: The participant should be seated at a standard height table or on a seat with a moveable tray table attached.

Chair stands, standing balance, and 4-meter walk:

- **Footwear:** To eliminate the effect of different footwear on test performance, these tests should be performed in tennis shoes or comfortable walking shoes with minimal or no heels. The participant may perform the tests in stocking or bare feet if appropriate footwear is not available.
- The standard chair should be placed on a nonslip surface (low pile carpeting works well) with the back of the chair against a wall for stability. There should be adequate room in front and on the sides of the chair for the examiner and the participant to maneuver freely.
- The standing balance test may be performed with the participant standing about a little less than an arm’s length from a wall which will provide an additional source of support if there is a loss of balance.

- Walking course layout: The walk will be conducted on a 4-meter path unless 4 meters are not available in the participant's home. If 4 meters aren't available, measure out 3 meters and mark "3 meters" in Question #1 on the 4-meter walk data collection form. If 3 meters are not available, mark "No 3-meter space was available" and go on to next test.

5. Detailed measurement procedures

For instructions on administering and/or measuring radial pulse, blood pressure, medication assessment, Modified Mini-Mental State (3MS), grip strength, chair stands, standing balance, weight, and accelerometry, please see operations manuals posted on the Health ABC Keeptrack website. Below are instructions for administering the 4-meter walk which is done exclusively in the home; i.e., not done during the clinic visit:

4-meter walk:

- Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters. On Question #1 of the 4-meter walk data collection form on Page 14 of the Year 16 Memphis Home Visit Workbook indicate which walk was set up or if no 3-meter space was available. If there is not enough room to even do a 3-meter walk test, go to the next test.
- 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?"

- To start the test, say,

Script: "Ready, Go."

- 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.
- Write in the stop time on the 4-Meter Walk data collection form (Page 14 of the Year 16 Memphis Home Visit Workbook). If the time is greater than 30 seconds, mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.
- 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."

- Write in the stop time on the 4-meter Walk data collection form.

- 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.”

- Write in the stop time on the 4-meter Walk data collection form.
- Participant can use a walking aid, if needed, during the 4-meter walk. Record whether or not the participant was using a walking aid during the 4-meter walk, such as a cane on the 4-meter walk data collection form (Appendix 2).

5.1 Procedure checklist and exit interview

At the end of the Year 16 Memphis home visit an exit interview should be performed to:

- Thank the participant. Be sure the participant knows how much we appreciate their participation.
- Answer questions. Some participants may have questions about various examinations.
- Make sure the Year 16 Memphis Home Visit Workbook Procedure Checklist is completed; ie., the header information including the Health ABC Enrollment ID #; participant's first and last name; whether accelerometers and activity monitor logs were given to participant; whether DXA was scheduled; and whether permission to send test results to the physician was given (see Appendix 3). Confirm that all exams and measurements were completed. Review the Year 16 Memphis Home Visit Workbook and complete the Procedure Checklist appropriately. Record on the checklist whether or not a test was completed, was partially completed, whether or not the participant refused a test, or whether the test was not done for some other reason.
- Provide selected results (Appendix 4). Participants will be given the following results:
 - ⇒ Weight. Weight in pounds should be provided.
 - ⇒ Blood pressure. Each participant will be given current guidelines for follow-up and evaluation based on the blood pressure recorded.

Note: If participant comes in to the clinic for the DXA test, please provide those results as well. See Year 16 Clinic Visit in Memphis Participant Results Report on Keeptrack Website.

- Determine if the participant would like their test results sent to their physician. Note consent for release of reports to physician (yes or no) on the Year 16 Memphis Home Visit Procedure Checklist.

- Summarize future contact with the study both for scheduled telephone contacts and endpoints. Participants should be reminded to immediately contact the clinic for any of the following events:
 - ⇒ Hospitalization. Any overnight stay in an acute care facility.
 - ⇒ Surgery. Any surgery requiring regional (e.g., spinal) or generalized anesthesia. This includes same-day surgery for angioplasty.
 - ⇒ Fracture. Any broken bone, excluding minor fractures of the ribs, toes, fingers, etc.
 - ⇒ Cancer. Any newly diagnosed cancer, excluding non-melanoma skin cancer.

Suggested script: "It is very important to the study for us to know as soon as possible about changes in your health. Between study visits, we ask that you call the clinic at this number (xxx) xxx-xxxx, if you are hospitalized overnight, have surgery, are told that you have a new cancer, break any bones, or have outpatient surgery to open an artery (angioplasty)."

6. Alert values/follow-up/reporting to participants

There are no alert values for the 4-meter walk. For other exams administered in the home, please see Overview of Year 16 Memphis Clinic Visit operations manual for alert values/follow-up/reporting to participants.

7. Quality assurance

7.1 Training requirements

Training should include:

- Read and study manual
- Attend Health ABC training session on techniques (or observe administration by experienced examiner)
- Practice on other staff or volunteers (Goal: minimize differences between repeat measurements)
- Discuss problems and questions with local expert or QC officer

7.2 Certification requirements

- completed training requirements.

- was officially certified to administer each portion of the home visit examination and interview using the certification process as described for each exam.
 - ✓ Blood pressure and radial pulse
 - ✓ Medication inventory
 - ✓ Modified Mini-Mental State (3MS)
 - ✓ Grip strength
 - ✓ Chair stands
 - ✓ Standing balance
 - ✓ Weight
 - ✓ Accelerometry
 - ✓ 4-meter walk – see training, certification requirements, and certification checklist below

7.3 4-meter walk training requirements

The examiner requires no special qualifications or experience to perform this assessment. Training should include:

- Read and study manual
- Attend Health ABC training session on techniques (or observe administration by experienced examiner)
- Practice on other staff or volunteers
- Discuss problems and questions with local expert or QC officer

7.4 4-meter walk certification requirements

- ___ Completed training requirements
- ___ Conducted exam on two volunteers while being observed by QC officer:
 - ___ According to protocol, as demonstrated by completed QC checklist
 - ___ Times within ± 1 s of QC officer

7.5 4-meter walk certification checklist

- 4 meters measured and marked with tape (if 4 meters not available, 3 meters)
- Main points of script correctly and clearly delivered
- Toes touching start line
- Instructs participant to walk at their usual pace

- Timing started coincident with participant's first footfall over starting line
- Time stopped with first footfall over finish line and written on data collection form
- Stopwatch reset and second usual-pace walk begun
- Timing started coincident with participant's first footfall over starting line
- Time stopped with first footfall over finish line and written on data collection form
- Stopwatch reset and participant instructed to walk as fast as they can
- Timing started coincident with participant's first footfall over starting line
- Time stopped with first footfall over finish line and written on data collection form
- Correctly completes form
- Reviews form for completeness

Appendix 1 Pre-Home Visit Instructions



HOME VISIT

CONFIRMATION OF APPOINTMENT:

CALL PARTICIPANT EARLY IN THE EVENING ON THE NIGHT BEFORE THE SCHEDULED HOME VISIT.

Hello, Mr/Mrs/Ms _____, my name is _____ from the Health ABC study. I am the examiner who will be coming to your home for the Health ABC visit.

I just wanted to remind you that our visit is scheduled for tomorrow at _____AM/PM.

Please:

- Take all your regular medications, as usual.
- Wear loose, comfortable clothes, including a short-sleeve top and casual shoes (no slippers) for the visit.
- Gather all prescription and over-the-counter medicines.

CONFIRM ADDRESS AND ASK FOR DIRECTIONS IF NECESSARY (making sure to get gate codes or any other specific details that you need to be admitted to their apartment complex or house).

INTRODUCTION AT THE DOOR:

Hello, Mr/Mrs/Ms _____, my name is _____ from the Health ABC study. We spoke yesterday on the phone. I am here for your Health ABC visit.

Examiner note:

1. Look for an area with table space and an upright chair.
2. Look for a 4 meter space (preferably at least 1 meter in width) without any obstacles or irregularities of the floor. Note: A 3 meter space can be used if a 4 meter space is not available.
3. Make sure that the participant is dressed appropriately; i.e., wearing loose, comfortable clothing and casual shoes (no slippers).
4. Set up your equipment.

Appendix 2 4-meter walk data collection form



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

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?

- 4-meter 3-meter 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.)

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.

Participant refused

Go to next test.

Not attempted, unable

Go to next test.

(Please comment: _____)

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: [] [] . [] []
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: [] [] . [] []
Second Hundredths/Sec

Participant refused

Go to next test.

Not attempted, unable

Go to next test.

(Please comment: _____)

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? Yes No

Appendix 4 Health ABC Examination Results



 Year 16 Home Visit
Participant Results Report

Participant Name: _____

Date of Year 16 Visit: ____ / ____ / ____
Month Day Year

 Weight: _____ pounds

Blood Pressure: _____ / _____ mm Hg

Normal:	Less than 120 / 80 mm Hg
Prehypertention:	120-139 / 80-89 mm Hg
Hypertension:	140 / 90 mm Hg or higher

Based on your blood pressure taken today, the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure recommends that you:

- Have your blood pressure rechecked within 1 year
- Have your blood pressure rechecked within 2 months
- See your doctor about your blood pressure within 1 month
- See your doctor about your blood pressure within 1 week
- See your doctor about your blood pressure immediately

If you have any specific questions about your blood pressure, please talk with your doctor.

Memory tests

There are no “normal” values for many of these tests. By repeating these tests in previous and future visits you will help us learn more about how memory and reaction time changes with age and in relation to lifestyle and changes in health.

Muscle strength, flexibility, balance, and walking speed tests

We do not know yet what results are considered “normal” for these tests. You are helping us understand how body changes may cause new health problems and how to prevent disability as we get older. In future years, with your continued participation, we may be able to tell you how your test results compare with others.

We would like to thank you for your continued participation in the Health ABC study. These tests were done for research purposes only and were not intended to diagnose any health problems. However, we encourage you to share these results with your doctor. If you have any questions, please call the Health ABC clinic at:

() _____.