

ExamOne Site Contact Report
Women's Health Initiative
Long Life Study 2

THIS DOCUMENT IS TWELVE PAGES LONG
Use ONLY if there are problems with the REDCap Mobile app
IF USING PAPER FORMS TO RECORD DATA

- Please pay attention to the GO patterns.
- Include the original completed form with the blood shipment and ship to Fred Hutchinson Cancer Center.

Subject ID Number

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Tracking number from FedEx Billable Stamp used to ship blood samples to lab. **[Do NOT enter the draw ID from the vial label]:**



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First Name: _____ M.I. _____

Last Name: _____

DOB: ____/____/____

Spanish: ____ Yes ____ No

SECTION 1: PRELIMINARY DATA COLLECTION

1. Date/Time of Exam:

1.1 ____-____-____ (MM/DD/YY)

1.2 ____:____ (Hr:Min)

☐

1 AM

☐

2 PM

2. ExamOne Examiner Name: _____

3. Contact Type:

☐

4 Participant's Home

☐

8 Other Location: _____

4. Exam Initiated:

☐

1 Yes

☐

0 No Why not? →

4.1

☐

1 Participant declined

☐

2 Participant confused

☐

3 Examiner not granted access to residence

☐

5 Not safe for Examiner to enter residence

☐

8 Other _____

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PULSE AND BLOOD PRESSURE

5. Resting pulse in 60 sec. [Pulse should be counted for the full 60 seconds]:

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 /min
6. Blood pressure [Allow 30 seconds rest between each measurement. Both measurements will be taken in one arm (dominant preferred)]:
- 6.1

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 /

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 Systolic/Diastolic
- 6.2

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 /

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 Systolic/Diastolic
[Add this second BP measurement to the WHI LLS 2 Visit Results Card]

SECTION 2: GRIP STRENGTH

**BEFORE BEGINNING GRIP STRENGTH TESTS, THE EXAMINER
MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THIS EXERCISE.**

The Examiner will ask whether the participant has any limitations to performing the exercise.

Examiner will briefly explain the Grip Strength measurement. [Say something like: "You can sit for this test. We will test your grip strength two times by having you squeeze this device first using your dominant hand, and with the non-dominant hand."]

7. The Examiner asked participant whether she felt she could safely perform the exercises, considering arthritis, recent surgery, or other issues: → ☐₁ Yes ☐₀ No
- 7.1 The participant stated that she felt she could safely perform the exercises on one or both hands: → ☐₁ Yes ☐₀ No

[If No to either, GO TO Section 3: VISION SCREENING]

PERFORMANCE MEASURES

8. Grip strength: What setting is the Dynamometer set to? [Default setting is 2 – adjust per participant's hand size, if needed.]

1 ☐₁ 2 ☐₂ 3 ☐₃ 4 ☐₄

[Participant forearm should rest on a table and the dynamometer should sit on the table as well. The hand shouldn't be tilted, it should align up if the forearm and dynamometer are resting on the table.]

Dynamometer Tip: Use the OUTSIDE numbers starting with 2kg. Measurements will be in kilograms.

8.1 **DOMINANT** hand: ☐₁ Right ☐₂ Left ☐₃ Don't know

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CONDUCT TWO TRIALS on EACH, regardless of hand dominance. *Exception for arthritis/recent surgery/other issues. *[If unable to complete measurement on one or both hands, please leave the appropriate data fields blank.]*

8.2 **Right** trial 1: kg8.3 **Right** trial 2: kg8.4 **Left** trial 1: kg8.5 **Left** trial 2: kg

8.6 Completion:

☐ ₁ Test completed on one or both☐ ₂ Attempted, unable to complete on either side☐ ₈ Refused☐ ₁₀ Not attempted because dynamometer not available
☐ ₁₁ Participant refused to continue with visit **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**

SECTION 3: VISION SCREENING

**BEFORE BEGINNING VISION SCREENING, THE EXAMINER
 MUST ASK THE PARTICIPANT IF SHE IS COMFORTABLE PERFORMING THIS SCREENING.**

Examiner will briefly explain the Vision Screening measurements. [Say something like: "You can sit for this test. We will use this smartphone to test your distance vision in each eye. It will be similar to going to the eye doctor. After testing your distance vision, we will test your ability to see different levels of contrast. We will use the same phone but the background will change from white to dark grey.]

9. The Examiner asked participant whether she felt comfortable having her vision screened: → ☐ ₁ Yes ☐ ₀ No

9.1 The participant stated that she felt comfortable participating in the Vision Screening: → ☐ ₁ Yes ☐ ₀ No

[If No to either, GO TO Section 4: BLOOD COLLECTION]

10. Vision Screening: [Now use the android phone to complete the vision screening using the ODK application. When you have completed and saved the vision screening on the android phone, return to this form to complete question 10.1 and continue with remaining activities].

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10.1 Were you able to complete the vision screening?

- ☐₀ No
- ☐₁ Yes

10.2 If you were unable to complete the vision screening, why not?

- ☐₁ Participant declined vision screening
- ☐₂ Participant could not complete the screening
- ☐₃ Phone did not work
- ☐₄ Other (Specify) _____

SECTION 4: BLOOD COLLECTION

Blood Sample Number

→

PRELIMINARY BLOOD COLLECTION QUESTIONS:

[Reminder: Verify whether participant has taken any blood thinners.]

11. "How long since you had anything to eat or drink besides water?"

 hours (round to nearest hour)

11.1 If less than 12 hours or didn't fast, reason why:

- ☐₁ Forgot ☐₃ Too late in the day
- ☐₂ Medical reasons ☐₄ Participant refused

12. "Did you take any insulin or other medications for diabetes this morning?"

- ☐₁ Yes ☐₀ No



577688

WHI LLS

USE ON

Site contact for:

Affix blood sample
"SCR" label here
(and "Blood Form"
label on Form 300).

BLOOD COLLECTION DETAILS:

NOTE: DUE TO BLOOD SPECIMEN COLLECTION VIAL SHORTAGES VIAL SIZES MAY VARY FROM KIT TO KIT

Expected Number of Tubes	Tube/Order	Top Color	Expected Volume	Collected?	Enter comments, reason if No or Partial Complete
1	1. EDTA	Pink / Lavender	2 ml / 3ml	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Complete	
1	2. EDTA	Lavender	10 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Complete	
1	3. SST	Red/ Grey Tiger	8.5 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Complete	
1	4. PAXgene	Clear	2.5 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Complete	

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13. Number of draw attempts (0-2):

- ☐₀ 0 →
- ☐₁ 1
- ☐₂ 2 [max draws allowed]

13.1 If no draw attempt, why?

- ☐₁ Participant declined **[GO TO Section 5: ABILITY TO PERFORM MEASURES]**
- ☐₂ Participant too apprehensive **[GO TO Section 5: ABILITY TO PERFORM MEASURES]**
- ☐₃ Found no acceptable veins for a draw attempt **[GO TO Section 5: ABILITY TO PERFORM MEASURES]**
- ☐₄ Participant refused to complete the visit **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**
- ☐₅ Visit ended due to health and safety reasons **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**
- ☐₈ Other _____

14. Time of *final* draw attempt (regardless of success): : (Hr:Min) ☐₁ AM ☐₂ PM

15. Needle gauge for final draw attempt:

- ☐₁ 21 gauge ☐₂ 23 gauge

16. Quality of Draw:

- ☐₁ Routine ☐₃ Very difficult
- ☐₂ Somewhat difficult ☐₄ Draw unsuccessful

SECTION 5: ABILITY TO PERFORM MEASURES

IF USING A PAPER FORM TO COLLECT DATA, PLEASE FOLLOW THE GO PATTERNS.

Before beginning the remaining sections, the Examiner must answer the following questions:

17. THE PARTICIPANT

- ☐₁ Can walk by themselves with the aid of a cane or walker **[GO TO Section 6: ANTHROPOMETRICS]**
- ☐₂ Can walk unaided **[GO TO Section 6: ANTHROPOMETRICS]**
- ☐₃ Is not wheelchair bound but cannot stand/walk unaided **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**
- ☐₄ Is wheelchair bound **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**

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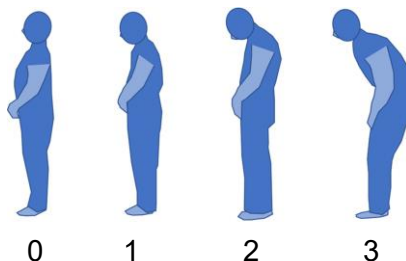
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SECTION 6: ANTHROPOMETRICS

ANTHROPOMETRIC MEASURES

If the participant can stand either by themselves or with the aid of a cane or walker, please perform the Kyphosis Assessment.



18. Kyphosis Assessment

Please classify the participants degree of kyphosis (spinal curvature) using the visual scale above, when they are moving around normally. The participant does not need to adopt any specific position for the evaluation.

☐ ₀ No kyphosis☐ ₂ Between 1 and 3☐ ₁ Slight kyphosis☐ ₃ Severe kyphosis

**BEFORE BEGINNING EACH ANTHROPOMETRIC MEASURE, THE EXAMINER
MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THE MEASUREMENT.**

19. Height: Examiner will briefly explain the height measurement: Say something like "You need to stand tall against a wall, without shoes, while I measure your height."

19.1 Examiner asks participant if she feels safe performing the measurement.

→ ☐ ₁ Yes ☐ ₀ No

19.2 The participant stated that she felt she could safely perform the measurement.

→ ☐ ₁ Yes ☐ ₀ No

If No to either, GO TO Question 20

19.3 Height in inches: (round to nearest 0.5 inch)

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 inches [Enter data using one decimal place: Ex: 63.5]

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20. Weight: Examiner will briefly explain the weight measurement: Say something like "You will remove your shoes and then stand on the scale."

20.1 Examiner asks participant if she feels safe performing the measurement. → ☐₁ Yes ☐₀ No

20.2 The participant stated that she felt she could safely perform the measurement. → ☐₁ Yes ☐₀ No

If No to either, GO TO Question 21

20.3 Weight: (using the scale, round to nearest pound)

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 pounds

20.3.1 ☐₁ Self-report; participant exceeds 400 lbs

21. Waist Circumference: Examiner will briefly explain the weight measurement: Say something like "You will need to stand, remove any extra clothing layers about the waist, and I will measure your waist."

21.1 Examiner asks participant if she feels safe performing the measurement. → ☐₁ Yes ☐₀ No

21.2 The participant stated that she felt she could safely perform the measurement. → ☐₁ Yes ☐₀ No

If No to either, GO TO Question 22

21.3 Waist circumference: (round to nearest 0.5 inch)

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 inches [Enter data using one decimal place: Ex: 35.5]

22. Completion

☐₁ Measurements completed

☐₂ Attempted, unable to complete for safety reasons

☐₄ Unable to continue with visit due to health and safety concerns [GO TO Section 10: EXAMINER COMMENTS and end the visit]

☐₅ Refused to continue with visit [GO TO Section 10: EXAMINER COMMENTS and end the visit]

SECTION 7: BALANCE TEST

**BEFORE BEGINNING EACH BALANCE TEST, THE EXAMINER
MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THIS EXERCISE.**

Examiner will briefly explain the Balance Test to participants able to perform the tests. [Say something like: "You will need to stand, unassisted, and perform various balance tests. For example, for one of the tests, you will need to stand on one leg and hold your balance."]

23. Examiner asked participant whether she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

23.1. The participant stated that she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

[If No to either, GO TO Section 8: TIMED WALK]

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24. Balance test:

24.1 Side by side [Maximum time is 10 seconds]

Attempted or completed? ☐₁ Yes ☐₀ No
[If no, GO TO 24.5]

24.1.1 Time . sec [MAX=10 sec; enter data using one decimal place: Ex: 8.5]

***IF <10 sec, STOP BALANCE TEST, GO TO 24.6**

24.2 Semi-Tandem [Maximum time is 30 seconds]

Attempted or completed? ☐₁ Yes ☐₀ No
[If no, GO TO 24.5]

24.2.1 Time . sec [MAX=30 sec]

***IF <30 sec, STOP BALANCE TEST, GO TO 24.6**

24.3 Tandem Stand [Maximum time is 30 seconds]

Attempted or completed? ☐₁ Yes ☐₀ No
[If no, GO TO 24.5]

24.3.1 Time . sec [MAX=30 sec]

***IF <30 sec, offer a second trial**

***IF =30 sec, GO TO 24.4**

24.3.2 Time . sec [MAX=30 sec]

***IF <30 sec, STOP BALANCE TEST, GO TO 24.6**

***IF =30 sec, GO TO 24.4**

24.4 One Leg stand [Maximum time is 30 seconds]

Attempted or completed? ☐₁ Yes ☐₀ No
[If no, GO TO 24.5]

24.4.1 Time . sec [MAX=30 sec]

***IF <30 sec, offer a second trial**

***IF =30 sec, GO directly to 24.6**

24.4.2 Time . sec [MAX=30 sec]

24.6 Timing method: ☐₁ Stopwatch ☐₈ Other

24.5 If No, reason:

☐₁ Refused

☐₂ Not safe

☐₃ Tried, but unable

☐₅ Participant refused to complete the visit

[GO TO Section 10: EXAMINER COMMENTS and end the visit]

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SECTION 8: TIMED WALK

Before starting this section, please check the floor surfaces.

25. Timed walk must be performed on a safe surface. Do not perform if:

- There is not enough space for a 3-meter course.
- There are mixed floors that you and/or the participant feels are a fall or tripping hazard.

For example: A polished floor with an unfixed area rug or an uneven floor.

If a participant frequently walks on mixed flooring AND feels safe doing so, the examiner can continue with the Timed Walk.

- ☐₁ Bare floors
- ☐₂ Carpet or mixed flooring and participant feels safe doing the Timed Walk
- ☐₃ Unsafe flooring; do not perform test **[GO TO Section 9: CHAIR STAND]**

25.1 Check that there is sufficient space available.

- ☐₁ There is sufficient space
- ☐₂ Not attempted because insufficient space available **[GO TO Section 9: CHAIR STAND]**

**BEFORE BEGINNING TIMED WALK TEST, THE EXAMINER
MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THIS EXERCISE.**

Examiner will briefly explain the Timed Walk to the participant. [Say something like: "I will create a course on your floor, and then you will need to be able to walk the course two times; walking at your usual pace."]

26. Examiner asked participant whether she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

26.1 The participant stated that she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

[If No to either, GO TO Section 9: CHAIR STAND]

Note: For safety, Examiner will walk the course with the participant.

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27. Timed walk: [This is a two-part measure – step count and time will be recorded separately for 1st and 2nd attempts. Participant will walk the course and stop at the end of the course for one attempt. The participant will repeat this for the 2nd attempt. Record the step count and time for each attempt separately. It is not a round trip measure.]

27.1 Length of course: ☐₁ 4 meters (turquoise) ☐₂ 3 meters (orange)

27.2 Completion:

- ☐₁ Test completed
- ☐₂ Attempted, unable to complete **[GO TO Section 9: CHAIR STAND]**
- ☐₈ Refused **[GO TO Section 9: CHAIR STAND]**
- ☐₁₃ Participant refused to continue with visit **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**

27.2.1 Assistive device used? ☐₁ Yes ☐₀ No

27.2.2 Time (1st attempt):

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 seconds [Enter data using one decimal place: Ex: 13.5]

27.2.3 Step count (1st attempt)

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27.2.4 Did participant take steps beyond the end of the course?

☐₁ Yes ☐₀ No

IF Yes: Estimate how many steps beyond the finish line:

Est. step count _____

27.2.5 Time (2nd attempt):

--	--	--	--

.

--

 seconds

27.2.6 Step count (2nd attempt)

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27.2.7 Did participant take steps beyond the end of the course?

☐₁ Yes ☐₀ No

IF Yes: Estimate how many steps beyond the finish line:

Est. Step count _____

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SECTION 9: CHAIR STAND

**BEFORE BEGINNING CHAIR STAND TEST, THE EXAMINER
MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THIS EXERCISE.**

Examiner will briefly explain the Chair Stand exercise. [Say something like: "You will need to be able to sit down in the chair, and folding your arms across your chest, you will need to be able to stand up, unassisted. We will repeat this test twice."]

28. Examiner asked participant whether she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

28.1 The participant stated that she felt she could safely perform the exercises: → ☐₁ Yes ☐₀ No

[If No to either, GO TO Section 10: EXAMINER COMMENTS]

For the Repeated Chair Stand, Examiner will stop the stopwatch:

- If 1 minute (60 sec.) has passed and the participant still has not completed 5 stands.
- If the participant uses their arms to assist the stand.
- If you or the participant is concerned for participant's health or safety.
- If the participant stops before completing 5 stands and refuses to continue.

To stop the participant, the examiner can say something like, "Okay you can stop now. We've reached 1 minute and that ends all of the measures."

29. Chair Stand**29.1 Type of chair:**

- ☐₁ Per protocol (straight-back, armless, hard seat, 17-18" high, 18-19" deep)
- ☐₂ Not per protocol, but acceptable (meets some protocol requirements, but not a lounge chair)
- ☐₃ Not per protocol **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**

29.2 Single chair stand [Participant will attempt to stand one time, as quickly as they can without using her arms. The Single Chair Stand is not timed.]

- ☐₁ Test completed, arises one time without using her arms
- ☐₂ Participant tried, but unable to complete one full stand without using arms **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**
- ☐₈ Refused **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**
- ☐₉ Not attempted for safety or health reasons **[GO TO Section 10: EXAMINER COMMENTS and end the visit]**

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- 29.3 Repeated Chair Stand [Participant will attempt to stand 5 times, as quickly as they can without using her arms. The Repeated Chair Stand should be timed for 60 seconds max.]

☐ ₁ Test completed, arises without using arms:

29.3.1 Time in seconds:

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

SECONDS (max value = 60.00 seconds;
Enter data using two decimal places:
Ex: 60.00)

☐ ₂ Participant tried, but unable to complete five full stands within 60 seconds without arms or assistance

☐ ₈ Refused

☐ ₉ Not attempted for safety or health reasons

SECTION 10: EXAMINER COMMENTS

PLEASE ENTER ANY RELEVANT COMMENTS ABOUT THE VISIT

Examiner Comments:

Examiner Signature: _____

Date: _____