**FORM 301: WHI Long Life Study Home Visit**

**EMSI Site Contact Report**

**Women's Health Initiative**

"Long Life Study"

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**THIS DOCUMENT IS SEVEN TOTAL PAGES**

This document must be completed for every appointment. This form must be faxed the same day as the appointment, to EMSI Clinical Services at 866-603-4174.

The original is included with the blood shipment and shipped to Fred Hutchinson Cancer Research Center.

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**Subject ID Number**

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[ ]- [ ]- [ ]- [ ]- [ ]- [ ]
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**Appointment Date**

______________  **Appointment Time** ______________

**Tracking number from Fed Ex Airbill used to ship blood samples to lab:**

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**FOUND ON S2 WORKTICKET:**

First Name __________________________ M.I. __

Last Name ______________________________

Spanish:  ____ Yes  ____ No

Phys. Act. Consent status:  ____ Yes  ____ No

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**FOUND ON BACK OF RED ACCELEROMETER (IN OPACH KIT):**

Phys Act monitor SN:

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**PRELIMINARIES**

1. **Date/Time of Exam:**

   1.1. [ ] [ ] [ ] (MM/DD/YY)  1.2. [ ] [ ]: [ ] (Hr:Min)  [ ] AM  [ ] PM

2. **EMSI 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 resident
   - [ ] 4 Participant’s residence is a skilled nursing facility
   - [ ] 5 Not safe for RA to enter residence
   - [ ] 8 Other __________________________
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PULSE AND BLOOD PRESSURE
5. Resting pulse in 30 sec.: _____ x 2 = _____ /min
   6.2. _____/_____ Systolic/Diastolic

BLOOD COLLECTION
Blood Sample Number

PRELIMINARY BLOOD COLLECTION QUESTIONS:
7. "How long since you had anything to eat or drink besides water?"
   _____ hours (round to nearest hour)
8. "Did you take any insulin or other medications for diabetes this morning?"
   ☐ 0 No ☐ 1 Yes

BLOOD COLLECTION DETAILS:

<table>
<thead>
<tr>
<th>Expected number of Tubes</th>
<th>Tube/Order</th>
<th>Top Color</th>
<th>Expected Volume</th>
<th>Collected?</th>
<th>If not collected, reason</th>
<th>Separator Tube Spun (15 min.)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. EDTA PST</td>
<td>Pearl</td>
<td>8.5 ml</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>1</td>
<td>2. EDTA</td>
<td>Lavender</td>
<td>2 ml</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>1</td>
<td>3. EDTA</td>
<td>Lavender</td>
<td>10 ml</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>1</td>
<td>4. SST</td>
<td>Red/Grey Tiger</td>
<td>8.5 ml</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>1</td>
<td>5. PAXgene</td>
<td>Clear</td>
<td>2.5 ml</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

9. Number of draw attempts (0-2):
   ☐ 0 ☐ 1 ☐ 2

9.1. If no draw attempt, why?
   ☐ 1 Participant declined
   ☐ 2 Participant too apprehensive
   ☐ 3 Found no acceptable veins for a draw attempt
   ☐ 8 Other ____________________________

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10. Time of final draw attempt (regardless of success): ___:___ (Hr:Min)  □ 1 AM □ 2 PM

11. Needle gauge for final draw attempt:
   □ 1 21 gauge
   □ 2 23 gauge

12. Quality of Draw:
   □ 1 Routine
   □ 2 Somewhat difficult
   □ 3 Very difficult
   □ 4 Draw unsuccessful

BEFORE BEGINNING ANTHROPOMETRIC MEASURES, THE EMSI EXAMINER MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THIS EXERCISE.

EMSI Examiner asked participant whether she felt she could safely perform the exercises: 
   ➔ □ YES □ NO

The participant stated that she felt she could safely perform the exercises: 
   ➔ □ YES □ NO

ANTHROPOMETRIC MEASURES

13. Height in inches: (round to nearest 0.5 inch)  ▼▼▼▼▼ INCHES

14. Weight: (round to nearest pound)  ▼▼▼▼ pounds

15. Waist circumference: (round to nearest 0.5 inch)  ▼▼▼▼ inches

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

EMSI Examiner asked participant whether she felt she could safely perform the exercises: 
   ➔ □ YES □ NO

The participant stated that she felt she could safely perform the exercises: 
   ➔ □ YES □ NO
PERFORMANCE MEASURES

16. Grip strength:
   16.1. Completion:
   □ 1 Test completed on one or both
   □ 2 Attempted, unable to complete on either side
   □ 8 Refused
   □ 9 Not attempted for safety or health reasons
   □ 10 Not attempted because dynamometer not available

   16.2. DOMINANT hand: □ 1 Right □ 2 Left □ 3 Don’t know

   CONDUCT TWO TRAILS on EACH, regardless of hand dominance. *Exception for arthritis / recent surgery

   16.3. Right trial 1: ______ kg
   16.4. Right trial 2: ______ kg

   16.5. Left trial 1: ______ kg
   16.6. Left trial 2: ______ kg

BEFORE BEGINNING EACH BALANCE TEST, THE EMSI EXAMINER MUST ASK THE PARTICIPANT IF SHE FEELS SHE CAN SAFELY PERFORM THESE EXERCISES.

EMSI Examiner asked participant whether she felt she could safely perform the exercises: ➔ □ YES □ NO

The participant stated that she felt she could safely perform the exercises: ➔ □ YES □ NO
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17. Balance test:

17.1. Side by side
   Attempted or completed?  1 Yes  0 No
   17.1.1 Time  sec [MAX=10 sec]
   If <10 sec, go directly to 17.6

17.2. Semi-Tandem
   Attempted or completed?  1 Yes  0 No
   17.2.1 Time  sec [MAX=30 sec]
   *If <30 sec, go directly to 17.6

17.3. Tandem Stand
   Attempted or completed?  1 Yes  0 No
   17.3.1 Time  sec [MAX=30 sec]
   *If <30 sec, offer a second trial
   *If =30 sec, go directly to 17.4
   17.3.2 Time  sec [MAX=30 sec]
   *If <30 sec, go directly to 17.6
   *If =30 sec, go to 17.4

17.4. One Leg stand
   Attempted or completed?  1 Yes  0 No
   17.4.1 Time  sec [MAX=30 sec]
   *If <30 sec, offer a second trial
   *If =30 sec, go directly to 17.6
   17.4.2 Time  sec [MAX=30 sec]

17.6. Timing method:  1 Stop watch  8 Other

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

EMSI Examiner asked participant whether she felt she could safely perform the exercises:  

The participant stated that she felt she could safely perform the exercises:

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18. Timed walk:
18.1. Length of course: □ 1 4 meters (pink) □ 2 3 meters (blue)
18.2. Course measurement method: □ 1 WHI provided method □ 8 Other
18.3. Floor type: □ 1 Bare floors □ 2 Carpet □ 3 Mixed (Do not perform test)
18.4. Completion:
□ 1 Test completed
□ 2 Attempted, unable to complete
□ 8 Refused
□ 9 Not attempted for safety or health reasons
□ 10 Not attempted because insufficient space available
□ 11 Not attempted because woman does not walk

18.4.1. Time: ___________ seconds
18.4.2. Time: ___________ seconds
18.4.3. Assistive device used?
□ 0 No □ 1 Yes

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

EMSI Examiner asked participant whether she felt she could safely perform the exercises: ➔ □ YES □ NO
The participant stated that she felt she could safely perform the exercises: ➔ □ YES □ NO

19. Chair stand:
19.1. 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 (END CHAIR STAND TEST if only a lounge-type chair is available)
19.2. Single chair stand
□ 1 Test completed, arises one time without using her arms
□ 2 Participant tried, but unable to complete one full stand without using arms
□ 8 Refused
□ 9 Not attempted for safety or health reasons
19.3. Repeated Chair Stand

☐ 1 Test completed, arises 5 times without using arms:

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

☐ 8 Refused

☐ 9 Not attempted for safety or health reasons


☐ 1 Provided Phys. Act. Study Kit to participant (make sure monitor SN and OPACH label are on pg 1)

☐ 5 Phys. Act. Study kit not provided to Phys. Act. participant because participant cannot stand


☐ 9 Phys. Act. kit not provided to Phys. Act. participant for other reason: ____________________________

(Example: “kit not available”)

Examiner Comments: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Phlebotomist Information

EMSI Branch Name: ____________________________  EMSI Branch Number: ______________________

Phlebotomist Name: ____________________________

Signature: ____________________________  Date: ____________________________