

# FORM 301: WHI Long Life Study Home Visit

EMSI Site Contact Report  
Women's Health Initiative  
"Long Life Study"

## 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.

Subject ID Number -

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_


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

FOUND ON S2 WORKTICKET:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Last Name \_\_\_\_\_  
Spanish: \_\_\_ Yes \_\_\_ No  
Phys. Act. Consent status: \_\_\_ Yes \_\_\_ No

FOUND ON BACK OF RED ACCELEROMETER (IN OPACH KIT):  
Phys Act monitor SN:  
\_\_\_\_\_

Phys Act = Yes,  
AFFIX PHYSICAL ACTIVITY LABEL BELOW:

  
P 10001  
Physical Activity Study  
Use on Site Contact Form



### PRELIMINARIES

1. Date/Time of Exam:  
1.1. - (MM/DD/YY) 1.2. : (Hr:Min) <sub>1</sub> AM <sub>2</sub> PM
  2. EMSI Examiner #: \_\_\_\_\_ Name: \_\_\_\_\_
  3. Contact Type:  
<sub>4</sub> Participant's Home  
<sub>8</sub> Other Location: \_\_\_\_\_
  4. Exam Initiated:  
<sub>1</sub> Yes  
<sub>0</sub> No. Why not? →
- 4.1. <sub>1</sub> Participant declined  
<sub>2</sub> Participant confused  
<sub>3</sub> Examiner not granted access to resident  
<sub>4</sub> Participant's residence is a skilled nursing facility  
<sub>5</sub> Not safe for RA to enter residence  
<sub>8</sub> Other \_\_\_\_\_

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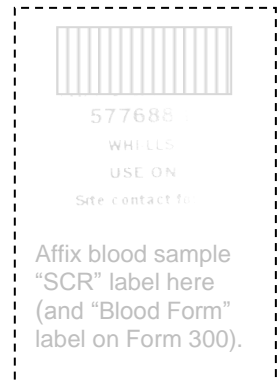
|  |  |   |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|---|--|
|  |  | - |  |  |  |  |  | - |  |
|--|--|---|--|--|--|--|--|---|--|

**PULSE AND BLOOD PRESSURE**

5. Resting pulse in 30 sec.:  x 2 = /min
6. Blood pressure:           6.1. / Systolic/Diastolic  
                                   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?"  
<sub>0</sub> No      <sub>1</sub> Yes

**BLOOD COLLECTION DETAILS:**

| Expected number of Tubes | Tube/Order  | Top Color          | Expected Volume | Collected?   | If not collected, reason | Separator Tube Spun (15 min.)?                           |
|--------------------------|-------------|--------------------|-----------------|--|--------------------------|--|
| 1                        | 1. EDTA PST | Pearl              | 8.5 ml          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1                        | 2. EDTA     | Lavender           | 2 ml            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |
| 1                        | 3. EDTA     | Lavender           | 10 ml           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |
| 1                        | 4. SST      | Red/<br>Grey Tiger | 8.5 ml          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1                        | 5. PAXgene  | Clear              | 2.5 ml          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |

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

- <sub>0</sub> 0      →
- <sub>1</sub> 1
- <sub>2</sub> 2

9.1. If no draw attempt, why?

<sub>1</sub> Participant declined

<sub>2</sub> Participant too apprehensive

<sub>3</sub> Found no acceptable veins for a draw attempt

<sub>8</sub> Other \_\_\_\_\_

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|  |  |   |  |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|--|---|--|
|  |  | - |  |  |  |  |  |  | - |  |
|--|--|---|--|--|--|--|--|--|---|--|

10. Time of *final* draw attempt (regardless of success): :  (Hr:Min) <sub>1</sub> AM <sub>2</sub> PM
11. Needle gauge for final draw attempt:  
<sub>1</sub> 21 gauge <sub>2</sub> 23 gauge
12. Quality of Draw:  
<sub>1</sub> Routine <sub>3</sub> Very difficult  
<sub>2</sub> Somewhat difficult <sub>4</sub> 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

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## PERFORMANCE MEASURES

16. Grip strength:

16.1. Completion:

- <sub>1</sub> Test completed on one or both
- <sub>2</sub> Attempted, unable to complete on either side
- <sub>8</sub> Refused
- <sub>9</sub> Not attempted for safety or health reasons
- <sub>10</sub> Not attempted because dynamometer not available

16.2. **DOMINANT** hand: <sub>1</sub> Right      <sub>2</sub> Left      <sub>3</sub> 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?    <sub>1</sub> Yes                      <sub>0</sub> No

17.1.1 Time     sec [MAX=10 sec]  
 If <10 sec, go directly to 17.6

17.2. Semi-Tandem

Attempted or completed?    <sub>1</sub> Yes                      <sub>0</sub> No

17.2.1 Time     sec [MAX=30 sec]  
 \*If <30 sec, go directly to 17.6

17.3. Tandem Stand

Attempted or completed?    <sub>1</sub> Yes                      <sub>0</sub> 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?    <sub>1</sub> Yes                      <sub>0</sub> 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]

17.5. **If no**, reason:

- <sub>1</sub> Refused
- <sub>2</sub> Not safe
- <sub>3</sub> Tried, but unable
- <sub>4</sub> Participant confined to wheelchair

17.6. Timing method:                      <sub>1</sub> Stop watch                      <sub>8</sub> 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:    ➔     YES     NO

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

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18. Timed walk:

- 18.1. Length of course: <sub>1</sub> 4 meters (pink) <sub>2</sub> 3 meters (blue)
- 18.2. Course measurement method: <sub>1</sub> WHI provided method <sub>8</sub> Other
- 18.3. Floor type: <sub>1</sub> Bare floors <sub>2</sub> Carpet <sub>3</sub> Mixed (Do not perform test)
- 18.4. Completion:
- <sub>1</sub> Test completed →

<sub>2</sub> Attempted, unable to complete

<sub>8</sub> Refused

<sub>9</sub> Not attempted for safety or health reasons

<sub>10</sub> Not attempted because insufficient space available

<sub>11</sub> Not attempted because woman does not walk

18.4.1. Time:  seconds

18.4.2. Time:  seconds

18.4.3. Assistive device used?  
<sub>0</sub> No <sub>1</sub> 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:
- <sub>1</sub> Per protocol (straight-back, armless, hard seat, 17-18" high, 18-19" deep)
- <sub>2</sub> Not per protocol, but acceptable (meets some protocol requirements, but not a lounge chair)
- <sub>3</sub> Not per protocol (END CHAIR STAND TEST if only a lounge-type chair is available)
- 19.2. Single chair stand
- <sub>1</sub> Test completed, arises one time without using her arms
- <sub>2</sub> Participant tried, but unable to complete one full stand without using arms
- <sub>8</sub> Refused
- <sub>9</sub> Not attempted for safety or health reasons

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## 19.3. Repeated Chair Stand

- <sub>1</sub> Test completed, arises 5 times without using arms:  
19.3.1. Time in seconds: . **SECONDS** (max value=60.00 seconds)
- <sub>2</sub> Participant tried, but unable to complete five full stands without arms or assistance
- <sub>8</sub> Refused
- <sub>9</sub> Not attempted for safety or health reasons

## 20. Phys. Act. Study Completion – **COMPLETE EVEN IF PHYSICAL ACTIVITY = 'NO'**

- <sub>1</sub> Provided Phys. Act. Study Kit to participant (make sure monitor SN and OPACH label are on pg 1)
- <sub>5</sub> Phys. Act. Study kit not provided to Phys. Act. participant because participant cannot stand
- <sub>8</sub> Phys. Act. Study participant refused Phys. Act. kit
- <sub>9</sub> Phys. Act. kit not provided to Phys. Act. participant for other reason: \_\_\_\_\_  
(Example: "kit not available")
- <sub>10</sub> Not a Phys. Act. participant (Phys. Act. = No)

**Examiner Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Phlebotomist Information

EMSI Branch Name: \_\_\_\_\_ EMSI Branch Number: \_\_\_\_\_  
Phlebotomist Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_