

Chapter 5: Appendix 1a



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Self-Administered Questionnaires

QUESTIONNAIRE INSTRUCTIONS

Date: _____

Dear _____:

Thank you for agreeing to participate in the Long Life Family Study (LLFS). In preparation for your in-person visit, please complete the enclosed questionnaires by yourself, without the help of other family members. LLFS staff will review these questionnaires for completeness during your in-person visit.

If you have any questions, please call _____ at _____. Thank you again for your assistance in this important research project. We look forward to talking with you.

Sincerely,

Chapter 5: Appendix 1b



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Proxy/Study Partner/LAR Questionnaires

QUESTIONNAIRE INSTRUCTIONS

Date: _____

Dear _____:

Thank you for agreeing to be a proxy/study partner/LAR in the Long Life Family Study (LLFS). In preparation for the in-person visit, please complete the enclosed questionnaires without the help of other family members. LLFS staff will review these questionnaires for completeness during your in-person visit.

If you have any questions, please call _____ at _____. Thank you again for your assistance in this important research project. We look forward to talking with you.

Sincerely,

Chapter 5: Appendix 2a



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Visit Instructions for Visit 3 – Returning Participants)

Dear _____:

Your Long Life Family Study In-Person visit is scheduled for:

_____ / _____ / _____ at _____:_____ AM/PM
Day of Week Month Date Year Time

Please be sure to review these instructions for your upcoming visit since they are very important for your visit's success. This visit will take approximately 3-4 hours.

In preparation for your visit, please complete the enclosed questionnaires by yourself, without the help of another person. The LLFS Research Team will review these questionnaires for completeness during your in-person visit.

- Please **FAST** (take nothing by mouth except water and medications) for at least 8 hours prior to your appointment and **drink plenty of water before your visit.**
- On the day of your visit, please take any medications as prescribed. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).
- Have all containers for prescription and over-the-counter medications that you have taken in the past two weeks available. This includes vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.
- Please wear loose, comfortable clothing (or have a pair of shorts available) and wear shoes that are suitable for walking.
- Have your eyeglasses available for reading, if needed. If you have a hearing aid, please wear it.
- If you use aids to get around, such as a cane or walker, please be sure to have them available during your visit.

If you have any questions or concerns with this scheduled visit, **please call us toll-free at [XXX-XXX-XXXX].** We look forward to seeing you!

Chapter 5: Appendix 2b



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Visit 3 Instructions for Proxy Visits)

Dear _____:

The Long Life Family Study In Person visit for _____ is scheduled for:

_____ / _____ / _____ at _____:_____ AM/PM
Day of Week Month Date Year Time

Please be sure to review these instructions for your family member's upcoming visit since they are very important for the visit's success. This visit will take approximately 3-4 hours.

In preparation for this visit, please complete the enclosed questionnaires on behalf of your family member participating in the Long Life Family Study. The LLFS Research Team will review these questionnaires for completeness during this in-person visit.

- Please have your family member **FAST** (take nothing by mouth except water and medications) for at least 8 hours prior to this appointment. Have them **drink plenty of water before the visit.**
- On the day of their visit, please have them take any medications as prescribed. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).
- Have all containers for prescription and over-the-counter medications that you have taken in the past two weeks available. This includes vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.
- Please have your family member wear loose, comfortable clothing (or have a pair of shorts available) and wear shoes that are suitable for walking.
- Have their eyeglasses available for reading, if needed. If they wear a hearing aid, please wear it.
- If your family member uses aids to get around, such as a cane or walker, please be sure to have them available during this visit.

If you have any questions or concerns with this scheduled visit, **please call us toll-free at [XXX-XXX-XXXX].** We look forward to seeing you!

Chapter 5: Appendix 2c



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form –Visit Instructions for New Enrollees)

Dear _____:

Your Long Life Family Study In Person visit is scheduled for:

_____ / _____ / _____ at _____:_____ AM/PM
Day of Week Month Date Year Time

Please be sure to review these instructions for your upcoming visit since they are very important for your visit's success. This visit will take approximately 3-4 hours.

In preparation for your visit, please complete the enclosed questionnaires by yourself, without the help of another person. The LLFS Research Team will review these questionnaires for completeness during your in-person visit.

- Please **FAST** (take nothing by mouth except water and medications) for at least 8 hours prior to your appointment and **drink plenty of water before your visit**.
- Please have available a copy of the documentation that you use to verify your age, such as a birth certificate, passport, military record, marriage license. We will need to see it at your visit.
- On the day of your visit, please take any medications as prescribed. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).
- Have all containers for prescription and over-the-counter medications that you have taken in the past two weeks available. This includes vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.
- Please wear loose, comfortable clothing (or have a pair of shorts available) and wear shoes that are suitable for walking.
- Have your eyeglasses available for reading, if needed. If you have a hearing aid, please wear it.
- If you use aids to get around, such as a cane or walker, please be sure to have them available during your visit.

If you have any questions or concerns with this scheduled visit, **please call us toll-free at [XXX-XXX-XXXX]**. We look forward to seeing you!

Chapter 5 – Appendix 3



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Telephone Interview Returning Participants)

Date: _____

Dear _____:

Thank you for agreeing to continue to participate in the Long Life Family Study (LLFS). By helping us understand longevity, you can help to improve the health of future generations.

It has been at least 3 years since you and your family members were last seen in-person. We have been keeping up with you by phone or mail and have been tabulating the changes in your health over time. The repeat examination that we have proposed will include physical measurements such as blood pressure, strength, walking, and cholesterol and glucose levels along with interview questions on your health, energy level, sleep and physical activity.

Enclosed is a copy of the consent form for this third visit. Please read it carefully and if you have questions, please call __ at _____.
Once your questions have been answered, initial the bottom of each page, check the boxes on pages _____ and sign your complete signature on the last page. Please also complete the **Contact Information Sheet and return this form** along with your **signed consent form** in the addressed-stamped envelope provided, within 5 days of receiving this letter.

After we receive your signed consent form, we will call you to schedule an interview. This interview will take about 30 minutes. We will ask you questions related to your current and past medical history, daily living activities, health habits, physical activity, your ability to process and recall information and your current medications. **Please gather all of your current medications, both prescription and over-the-counter that you have taken in the last 2 weeks and have them available during our telephone visit.**

During this interview we will also discuss arrangements to complete a blood draw if you are willing.

If you have any questions, please call _____ at _____. Thank you again for your assistance in this important research project. We look forward to talking with you.

Sincerely,

Long Life Family Study Staff

Chapter 5 – Appendix 3a



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Telephone Interview for New Participants)

Date: _____

Dear _____:

Thank you for agreeing to participate in the Long Life Family Study (LLFS). LLFS is an international project that is studying families who have several members who have reached very old age. With your help, we are hoping to learn why some people live until a very old age and why some families maintain their health far longer than the average family. By helping us understand longevity, you can help to improve the health of future generations.

Enclosed is a copy of the consent form for this third visit. Please read it carefully and if you have questions, please call __ at _____.

Once your questions have been answered, initial the bottom of each page, check the boxes on pages _____ and sign your complete signature on the last page. Please also complete the **Contact Information Sheet** and return these forms along with your **signed consent form and a copy of the verification of your birth date** in the addressed-stamped envelope provided, within 5 days of receiving this letter.

After we receive your signed consent form, we will call you to schedule the Telephone Interview. This interview will take about 30 minutes. We will ask you questions related to your current and past medical history, daily living activities, health habits, physical activity, your ability to process and recall information and your current medications. **Please gather all of your current medications, both prescription and over-the-counter that you have taken in the last 2 weeks and have them available during our telephone visit.**

During this interview we will also discuss arrangements to complete a blood draw.

If you have any questions, please call _____ at _____. Thank you again for your assistance in this important research project. We look forward to talking with you.

Sincerely,

Long Life Family Study Staff

Chapter 5 – Appendix 4



A Collaborative Study, Including:

Boston University Medical Center
Columbia University
University of Pittsburgh
University of Southern Denmark
Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Telephone Return Packet Letter)

Date: _____

Dear _____:

Thank you for agreeing to be a part of the Long Life Family Study (LLFS). LLFS is an international project that is studying families who have several members who have reached very old age. With your help, we are hoping to learn why some people live until a very old age and why some families maintain their health far longer than the average family. By helping us understand longevity, you can help to improve the health of future generations.

It has been at least 3 years since you and your family members were first examined for this study. We have been keeping up with you by phone or mail and have been tabulating the changes in your health over time. The repeat examination that we have proposed will include physical measurements such as blood pressure, strength, walking, and cholesterol and glucose levels along with interview questions on your health, energy level, sleep and physical activity.

Recently we mailed you a packet of information that we asked you to complete and return. To date, we have not received this information. If you did not receive the packet or need another one to be sent, please contact us. We would appreciate hearing from you. If you have changed your mind about being a part of the Long Life Family Study please let us know.

If you have any questions or concerns, please contact _____ at _____ or at _____. We look forward to hearing from you. Together we can discover the secrets of a long and healthy life.

Sincerely,

Long Life Family Study

Chapter 5 – Appendix 5



A Collaborative Study, Including:

Boston University Medical Center
 Columbia University
 University of Pittsburgh
 University of Southern Denmark
 Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – 'Unable to Contact You' Letter)

Date: _____

Dear _____:

A while ago you agreed to participate in the second in-person visit for the Long Life Family Study (LLFS). To date, I have not been successful in reaching you. If you are still interested in being part of this important international study of longevity I can be reached at (insert staff e-mail and phone number). For your convenience our toll free number is 1-888-333-6327. To refresh your memory, I have enclosed information about the study or you can visit our website at www.longlifefamilystudy.org. If you have changed your mind about being a continuing part of LLFS it is important for us to know this as well. If we do not hear from you, I will plan to contact you in two weeks. Please keep in mind that we will be continuing to schedule appointments over the next few months.

If you have any questions or concerns, please feel free to contact _____ at _____ or at _____. I look forward to hearing from you. Together we can discover the secrets of a long and healthy life.

Sincerely,

(Insert staff name)

Long Life Family Study