

## Chapter 6

### Appointment Documents and Forms

**This chapter outlines the appointment documents and forms needed for the pre-visit planning.**

LLFS assessments can be conducted in the participants' homes or in the Field Center's clinic space. Although most visits are conducted in the participant's home, a map and directions to the specific field center will be provided whenever the participant opts to an in-clinic visit.

Additionally, the study has developed a form for all visits that serves as both a visit reminder and instructional document. This form will help ensure that each participant receives a document specifying the date and time of his/her visit along with specific instructions to prepare for the visit. The form, developed for this purpose, is located in the Appendix.

Once a family has been determined eligible for the study and willing to participate, an appointment will be made for each family member to be seen either at the participant's home or at the clinic. Additionally, some families will prefer to be seen together in one location while others will prefer to be seen at separate locations. The study staff will take into consideration the size of the home and number of participants seen to ensure there is sufficient space to see any family who wants to be seen in one home. They will also be as flexible as possible in order to accommodate each participant's reasonable preferences for time, day and location of the visit. Weekend and evening visits may be requested and granted at the discretion of each Field Center's PI and his/her staff.

After the LLFS appointment is made, the instructional letter (please refer to *Ch. 6: Appendix 1*) is sent to each scheduled participant several days before the visit. The purpose of this letter is to remind the participant of the date/time/location of the visit as well as to provide all necessary instructions regarding the visit.

First, the participant's name will be inserted at the top of the page on the line provided. Next, the day of the week, date of the appointment and time will be jotted down on the lines provided.

The specifics for the visit are then outlined for each participant so that s/he will be made aware of the preparations that need to be made for the visit.

First, the participants are asked to fast for at least 8 hours prior to the visit. Participants are encouraged to drink water beforehand but I asked to take nothing else aside from their medications.

Next, the participants are asked to have available a copy of the documentation used to verify their age, such as a birth certificate, passport, military record, marriage license.

The participants are asked to have available all medication containers for medications that they have taken in the past two weeks available for the examiner. It is stated that this includes both prescription and over-the-counter medications including vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.

Participants are encouraged to take any medications that they normally take. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).

It is suggested the participants wear loose, comfortable clothing and shoes or have a pair of shorts available. This will help the examiners conduct the more physical assessments.

Next, participants are reminded to have their eyeglasses available if they need them to read. If they have a hearing aid, they are reminded to wear it for the visit.

Additionally, they are reminded to have a cane or walker available during the visit if they use any of these devices.

A phone call to the participant will be made either a day before the visit or the morning of as a reminder and to address any questions.

Samples of various Instruction Forms and Letters that are being utilized by some of the LLFS Field Centers are included in Appendices 1-6 to this Chapter.

## Chapter 6: 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

### **Instructions for Long Life Family Study Visit (Sample Form – In-Home Visit Instructions)**

Dear \_\_\_\_\_:

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

Day of Week: \_\_\_\_\_  
Date (mm/dd/yr): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time: \_\_\_\_\_:\_\_\_\_\_

**Please be sure to review these instructions for your upcoming visit since they are very important for the success of your visit.**

- Please **FAST** (take nothing by mouth except water and medications) for at least 8 hours prior to your appointment. **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. You will need to show it to us at your visit.
- Have all medication containers for medications that you have taken in the past two weeks available for the examiner. This includes both prescription and over-the-counter medications including vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.
- Please take any medications that you normally take. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).
- Please wear loose, comfortable clothing or have a pair of shorts available.
- Wear comfortable shoes for walking.
- Have your eyeglasses available if you need them to read. 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 exam visit.
- The visit will take approximately 2 hours.
- If you have any questions or a problem with your scheduled appointment time, **please call us toll-free at \_\_\_\_\_.**

## Chapter 6 – Appendix 1b



### ***A Collaborative Study, Including:***

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

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### **Instructions for Long Life Family Study Visit (Sample Form – Clinic Visit Instructions)**

Dear \_\_\_\_\_:

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

Day of Week: \_\_\_\_\_  
Date (mm/dd/yr): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time: \_\_\_\_\_:\_\_\_\_\_

Parking is available in \_\_\_\_\_.

**Please be sure to review these instructions for your upcoming visit since they are very important for the success of your visit.**

- Please FAST (take nothing by mouth except water and medications) for at least 8 hours prior to your appointment.  
**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, driver's license. You will need to show it to us at your visit.
- Have all medication containers for medications that you have taken in the past two weeks available for the examiner. This includes both prescription and over-the-counter medications including vitamins, cold or allergy medications, aspirin, eye drops, creams and salves, and any other medications.
- Please take any medications that you normally take. These include pills, dermal patches, eye drops, creams, salves, and injections (including insulin).
- Please wear loose, comfortable clothing or have a pair of shorts available.
- Wear comfortable shoes for walking.
- Have your eyeglasses available if you need them to read. 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 exam visit.
- The visit will take approximately 3 hours.
- If you have any questions or a problem with your scheduled appointment time, **please call** \_\_\_\_\_.

## Chapter 6 – Appendix 2



### ***A Collaborative Study, Including:***

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 Columbia University  
 University of Pittsburgh  
 University of Southern Denmark  
 Washington University School of Medicine

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### **Instructions for Long Life Family Study Visit (Sample Form – Remote Phlebotomy Service Instructions)**

Date: \_\_\_\_\_

Phlebotomy Service Address

Attn: Insert Name

Address

City, State Zip

**Re: Insert Participant Name's Blood Draw for the Long Life Family Study**

Dear \_\_\_\_\_:

Thank you for your assistance in completing the venipuncture portion of the Long Life Family Study (LLFS). \_\_\_\_\_ is **planning on coming to your facility on Insert Date**. Enclosed are the following materials that you will need to complete the blood draw:

- ✓ All tubes and shipping materials, including an extra set of collection tubes if needed
- ✓ Detailed instructions for collecting the LLFS specimen
- ✓ Detailed instructions for shipping the LLFS specimen, including Saturday delivery stickers if applicable
- ✓ A signed copy of the consent form
- ✓ The Blood Collection Form

**Insert billing information.** If you have any questions regarding this, I may be reached at **insert E-Mail address and telephone number**. Thank you again for your assistance.

Sincerely,

\_\_\_\_\_

### Chapter 6 – Appendix 3



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 University of Pittsburgh  
 University of Southern Denmark  
 Washington University School of Medicine

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### Instructions for Long Life Family Study Visit (Sample Form – Phlebotomy Information Form)

Is there a hospital lab, outpatient lab or a doctor’s office that you prefer to have draw your blood?

- Yes
- No

If "No", we will identify a facility convenient to you and make the arrangements to draw your blood at no cost to you or your insurance company.

If yes, please note the following the information:

Dr. or Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

We will make arrangements with the facility to draw your blood at no cost to you or your insurance company.

## Chapter 6 – Appendix 4



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Columbia University  
University of Pittsburgh  
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Washington University School of Medicine

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### **Instructions for Long Life Family Study Visit (Sample Form – Telephone Interview Consent)**

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. 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 the Phlebotomy Information Form**. 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 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 6 – Appendix 5



### ***A Collaborative Study, Including:***

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

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### **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.

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 Judith Kadosh 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 6 – Appendix 6



### ***A Collaborative Study, Including:***

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

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

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

A while ago you agreed to learn more about 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 1-800-552-8140. To refresh your memory, I have enclosed information about the study or you can visit our website at [www.longlifefamilystudy.org](http://www.longlifefamilystudy.org). If you have changed your mind about being a 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