

**Participant ID:**

{pid}

**Date of Visit:**

{d\_form}

**Acrostic:**

{acrostic}

**Administered By:**

{compby}

**Visit Code:**

{visit\_code}

**Barcode:**

{barcode}

**1. Were any DXA scans obtained?**

{scansobtained}

- ( )
- (1) Yes Go to Part II.
- (2) No

**2. Reason scans were not performed?**

{reason\_noscans}

- ( )
- (1) Weight exceeds ta
- (2) Refused radiation
- (3) Unable to lie on ta
- (4) Other

**If other:**

{spreason\_noscans}

**3. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plated, etc.?**

{bdmetal}

- ( )
- (1) Yes
- (2) No

4. Was a whole body scan performed?

{bdwbscan}

- ( )
- (1) Yes
- (2) No

If Yes: Last 2 characters of scan ID#

{bdwbscnid}

Date of Scan:

{d\_bdwbscan}

If No: Reason:

{bdwbreas\_sp}

5. Which hip was scanned at the Look AHEAD baseline visit?

{bdhpbse}

- ( )
- (1) Right
- (2) Left

6. Was a hip scan performed at the LA-E visit?

{bdhpscan}

- ( )
- (1) Yes
- (2) No

If Yes: Last 2 characters of scan ID#

{bdhpscnid}

Date of Scan:

{d\_bdhpscan}

If No: If Hip Scan not completed, provide a reason:

{bdhpreason}

- ( )
- (1) Bilatera
- (2) Hip sca
- (3) Other

If other:

{bdhpother}

7. Was a spine scan performed at the LA-E visit?

{bdspnscan}

- ( )
- (1) Yes
- (2) No

If Yes: Last 2 characters of scan ID#

{bdspnscnid}

Date of Scan:

{d\_bdspnscan}

**If No:** **If Spine Scan not completed, provide a reason:**

{bdspnreas}  
( )  
(1) Metal in  
(3) Other

**If other:**

{bdspnreas\_sp}

**8. Were the scans reviewed for EBL in the Spine and Hip?**

{bdebl}  
( )  
(1) Yes  
(2) No

**Technician ID**

{bdtachid}

# Bone Density and Fat (DXA) Scan Substudy

PID: \_\_\_\_\_ ADMINISTERED BY:

ACROSTIC: \_\_\_\_\_

VISIT: \_\_\_\_\_

DATE of VISIT:   /   / 20



## Part I: DXA Scan

1. Were any DXA scans obtained?

Yes → **Go to Part II. Whole Body Scan.**

No → **Go to Part I, Question 2**

2. Reason scans were not performed?

Weight exceeds table limit

Refused radiation

Unable to lie on table

Other:

## Part II: Whole Body Scan

3. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?

Yes  No

4. Was a whole body scan performed?

Yes  No

**If Yes:**

Last 2 characters of scan ID#:

Date of Scan:   /   / 20

**If No, Reason:**

**Part III: Hip Scan**

5. Which hip was scanned at the Look AHEAD Baseline visit?

- Right     Left

6. Was a hip scan performed at the LA-E visit?

- Yes     No

**If Yes:**

Last 2 characters of scan ID#:

Date of Scan:   /   / 20

**If No:**

If Hip Scan not completed, provide a reason:

- Bilateral hip replacement  
 Hip scanned BL could not be scanned at LA-E visit

Other:

**Part IV: Spine Scan**

7. Was a spine scan performed at the LA-E visit?

- Yes     No

**If Yes:**

Last 2 characters of scan ID#:

Date of Scan:   /   / 20

**If No:**

If Spine Scan not completed, provide a reason:

- Metal in spine

Other:

**Part V: Excessive Bone Loss (EBL)**

8. Were the scans reviewed for EBL in the Spine and Hip?

- Yes     No

Technician ID:

## DXA Hologic Biographical Form

### **Instructions**

**Program Coordinator: Fill out form completely and make 2 copies. Keep original. Send 1 copy to DXA lab with participant.**

DXA operator: Create or modify Hologic Biography from this form.

1. Program Coordinator: Include copies of forms that DXA operator must fill out and return to Study Coordinator for Web entry.

2. Acrostic:

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3. DXA ID number followed by the LookAHEAD Participant ID:

LA 

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4. Birthdate:

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 / 

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 / 19 

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5. Sex:

Male  
 Female

6. Weight to nearest pound: \_\_\_\_\_ lb.

OR

Weight to nearest kilogram: \_\_\_\_\_ kg.

7. Height in two forms:

1) \_\_\_\_\_ ft and \_\_\_\_\_ in. and 2) all inches: \_\_\_\_\_ in.

OR

Height: \_\_\_\_\_ cm.

8. Ethnicity: \_\_\_\_\_

Form filled out by:

Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: 

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