

## 2022 Registry Access Instructions for Researchers

Pepper Registry is about 20 years old, with an established usage protocol.

1. Go to [pepper.pitt.edu](https://pepper.pitt.edu) website
2. To access information about the registries:
  - a. “Research Registry” button (in blue) and scroll down or;
  - b. “Get Involved” link. Then “For Researchers” in the drop down.



This the page you want to get to on the website.

## For Researchers

The Pepper Research Network on Aging (PRNA) maintains two registries that are available for Pepper-approved researchers who are conducting aging-related research at the University of Pittsburgh. These registries include the Community Registry and the Platinum Senior-Living Registry.

### Community Registry

The Community Registry includes over 2,300 community-dwelling persons from the Pittsburgh region age 60 or older. Registry participants consent to be contacted for potential participation in Pepper-approved research studies.

[Read More](#)

Participants are followed yearly to update contact their information, mobility and balance status, and basic health information. Follow-up interview waves reach about 85% of the cohort and only 10% of the sample has been lost to follow-up. The PRNA Community Registry has helped over 100 studies with recruitment.

Please contact Dr. Steven Albert at 412-383-8693 or e-mail [him here](#), if you have questions about using the Community Registry.


Researchers wanting to use the registry need to apply.

[Pepper Registry Application can be found here >](#)

Click the above “Pepper Registry Application can be found here” button.

It should bring you to the pink page below.

This is the first Pepper Application Page:



University of Pittsburgh  
**PITTSBURGH CLAUDE D. PEPPER**  
OLDER AMERICANS INDEPENDENCE CENTER  
*in partnership with University of Pittsburgh Medical Center*

**PITTSBURGH CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER:**  
**the Research Registry**

**Pepper Registry Overview**

Mobility and balance problems can be a major problem in old age. The National Institutes of Health and the University of Pittsburgh have developed an important research center designed to investigate mobility and balance in old age. The Claude D. Pepper Center builds on the expertise of physicians, nurses, therapists, radiologists, engineers, pharmacists, psychologists, epidemiologists, and others to understand and treat mobility problems.

A key element in this investigation is the Pepper Center Research Registry. The Registry is a list of people willing to consider participating in future research studies. Registry participants provide basic health information (a 10-15 minute interview). Investigators use this information to determine if you are eligible to participate in research. If you join the Registry, you are not required to participate in research. Registry participants will receive updates on the latest advances in Pepper Center research.

**Accessing and Using the Registry for Your Study:**

1

We have created an easy online tool which you may use to search the Registry. The search tool is password protected. To obtain a login, please fill out the [Password Application Form](#). Your form will be reviewed, and you will be sent your login via email.

2

Once your Password Application Form is approved, you will receive an email with a login for the Registry search page. Once you are logged in, search the registry using your study specific inclusion/exclusion criteria. The more criteria you select, the more narrow your pool of subjects is likely to be.

- Please review this [example screenshot](#) of the Registry

### **Step One is setting up an account for the PI.**

“We have created an easy online tool which you may use to search the Registry. The search tool is password protected. To obtain a login, please fill out the Password Application Form. Your form will be reviewed, and you will be sent your login via email.”

Once your Password Application Form is approved, you will receive an email with a login for the Registry

**Please make sure that your study aligns with [the mission and aim](#) of the Pepper Institute (found on link above or written below:**

The goal of the University of Pittsburgh Pepper Center is to increase scientific knowledge that **will lead to better ways to maintain or restore independence to older persons**. We strive to promote this independence by **optimizing balance and mobility and reducing injurious falls through disciplined inquiry and translational research**. We train young investigators from multiple disciplines within a vibrant intellectual and collaborative environment and serve as a resource and partner to other investigators, institutions, and the public.

**\*If you want to use the Platinum Senior Living Research Registry, note that here.**

Close-up of the Project Information Form:

**Principal Investigator:**

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Office Address:	<input type="text"/> <input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="Select"/>
Zipcode:	<input type="text"/>
Phone:	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Email address:	<input type="text"/>
Pepper Investigator (receiving funds):	<input type="radio"/> Yes <input type="radio"/> No
Department:	<input type="text"/>
Division:	<input type="text"/>

---

**Project Information:**

Title of Study:	<input type="text"/>
Anticipated Start Date:	<input type="text" value="Select"/> / <input type="text" value="Select"/> / <input type="text" value="Select"/>
How is your project relevant to the mission and aim of the Pepper?	<div><div></div></div>
Brief description of the study:	<div><div></div></div>
IRB Study #:	<input type="text"/>
Grant # (optional):	<input type="text"/>

---

### Project Information:

Title of Study:

Anticipated Start  /  /

Date:

How is your project relevant to the mission and aim of the Pepper?

Brief description of the study:

IRB Study #:

Grant # (optional):

### Once submitted, look for an email from DCWeb with the subject “Pepper – Password Application Submitted”

From: dcweb

Sent: Friday, December 16, 2022 10:54 AM

To: Christensen, Janelle J. <[JJC157@pitt.edu](mailto:JJC157@pitt.edu)>; Albert, Steven M <[smalbert@pitt.edu](mailto:smalbert@pitt.edu)>; Bragg, Timothy J <[tjb7@pitt.edu](mailto:tjb7@pitt.edu)>;

Subject: PEPPER - Password Application Submitted (Janelle, Christensen)

Your Password Application for the PEPPER Registry has been received. The personnel from the PEPPER Registry will get in touch with you soon.

**Once it is approved, then you will get a second email, also from DCWeb:**

From: dcweb

Sent: Friday, December 16, 2022 10:54 AM

Subject: PEPPER - Password Application Approved (PI Name Here)

Your Password Application for the PEPPER Registry (Study Title: This Is A Test of Pepper System) has been approved. Please go to <https://www.pepperreg.pitt.edu/registrytracking/login.aspx> and log in with the given user name and password and then follow the instructions on the screen:

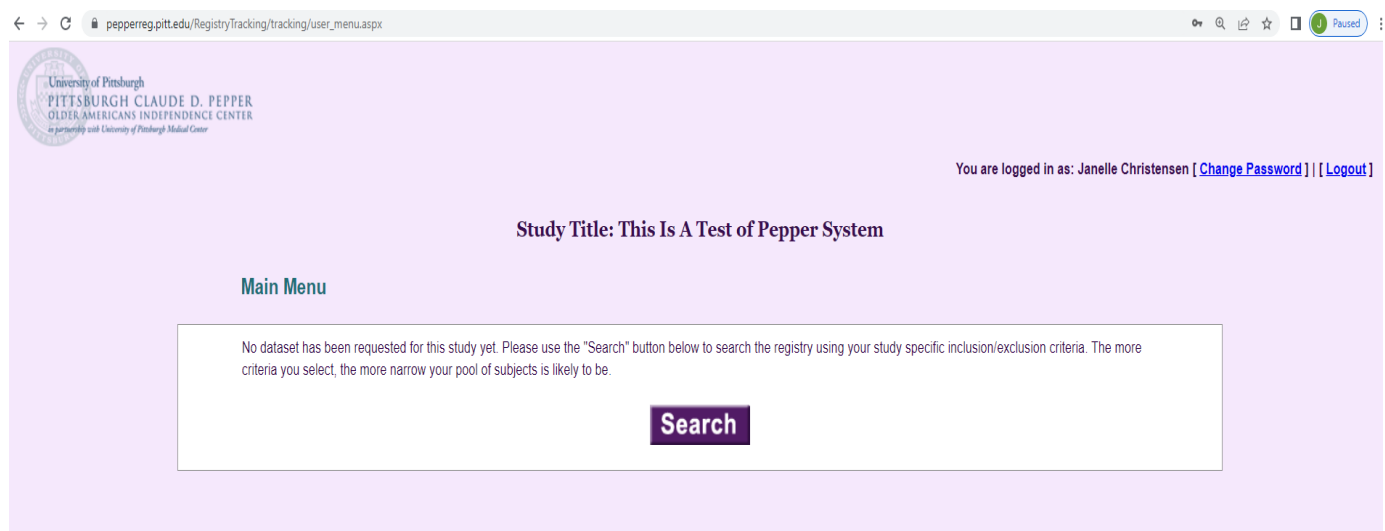
User Name: std184

Password: XXXXXX

**STEP 2:** search page. Once you are logged in, search the registry using your study specific inclusion/exclusion criteria. The more criteria you select, the more narrow your pool of subjects is likely to be.

- Please review this [example screenshot](#) of the Registry

**Once password is approved, you can “search” the registry and select the variables you want for your dataset:**



[NOTE: You will need to click a one or both genders or you will only get 0 participants meet your search criteria.]

** Search the Pepper Registry **			
Age:	<input checked="" type="checkbox"/> Greater Than Or Equal To 60	<input type="checkbox"/> Less Than Or Equal To	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Ethnic: <input type="checkbox"/> Hispanic or Latino
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Zip Code(s):	15001 15003 15004 15005 15025 (Use CTRL-Click to select more than one)		
Subject lives with:			
spouse (husband or wife):	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
children	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
grandchildren	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
parents	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
brothers and sisters	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
other relatives	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
friends	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
non-related paid helper	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Self Rated Mobility:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Self Rated Balance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Assistive Devices for walking:			
Wheelchair:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Walker:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Quad Cane:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Cane:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Had a fall in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hurt in this fall:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 1 fall in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How often is the subject dizzy?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always		
How often does the subject have pain?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always		
Specific area of pain:			
head/neck/shoulders:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
hips:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
back:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
knees:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Doctor diagnosed subject with:		Specify fracture:	
stroke:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	hip:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
arthritis:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	ankle:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
COPD/asthma:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	arm:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

** Search the Pepper Registry **		
Age:	<input checked="" type="checkbox"/> Greater Than Or Equal To 60	<input type="checkbox"/> Less Than Or Equal To
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ethnic: <input type="checkbox"/> Hispanic or Latino
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Zip Code(s):	<div> <div>15001</div> <div>15003</div> <div>15004</div> <div>15005</div> <div>15025</div> </div> (Use CTRL-Click to select more than one)	
Subject lives with:		
spouse (husband or wife):	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
children	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
grandchildren	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
parents	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
brothers and sisters	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
other relatives	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
friends	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
non-related paid helper	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Self Rated Mobility:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Assistive Devices for walking:			
Wheelchair:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Walker:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Quad Cane:	<input checked="" type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Cane:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Had a fall in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hurt in this fall:	<input type="checkbox"/> Yes <input type="checkbox"/> No
More than 1 fall in the last year: <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often is the subject dizzy? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always			
How often does the subject have pain? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always			
Specific area of pain:			
head/neck/shoulders:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
hips:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
back:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
knees:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
Doctor diagnosed subject with:		Specify fracture:	
stroke:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	hip:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
arthritis:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	ankle:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
COPD/asthma:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	arm:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
diabetes:	<input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude	leg:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
osteoporosis:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	vertebra:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
congestive heart failure:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	wrist:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
high blood pressure:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	foot/toe(s):	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
glaucoma:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	other:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
peripheral neuropathy:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Specify cancer:	
heart attack:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	skin:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
inner ear problem:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	prostate:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
parkinson's:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	breast:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
macular degeneration:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	colon:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

← → C pepperreg.pitt.edu/RegistryTracking/tracking/search/results.aspx?count=564

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*in partnership with University of Pittsburgh Medical Center*

**564 participants meet your search criteria.**

**Review Your Entered Search Criteria:**

- male or female
- **Race (includes at least one of the following):**
  - American Indian/Alaskan Native
  - Asian
  - Black/African American
  - Native Hawaiian/Pacific Islander
  - White
- **Marital status (includes at least one of the following):**
  - single
  - married
  - separated
  - widowed
  - divorced
- Had a fall in the last year

#### Want to search again?

Do these results seem wrong, or do you need to modify the criteria you selected? You can try again - just click the button! Your previous selections will still be there, so you can just change or build on your last search.

**Search Again**

#### My search is complete! What is the next step?

Once you have completed the search with your specific study criteria, the next step is to submit those search results, along with a Registry Application Form. Once your Registry Application Form is approved, you will receive an email with a link to your Registry dataset. Please provide a brief descriptive title about your search. Once you hit the submit button, your search criteria will be saved and you will be sent to the Registry Application Form.

Search Description:

**Submit**

## Want to search again?

Do these results seem wrong, or do you need to modify the criteria you selected? You can try again - just click the button! Your previous selections will still be there, so you can just change or build on your last search

**Search Again**

## My search is complete! What is the next step?

Once you have completed the search with your specific study criteria, the next step is to submit those search results, along with a Registry Application Form. Once your Registry Application Form is approved, you will receive an email with a link to your Registry dataset. Please provide a brief descriptive

title about your search. Once you hit the submit button, your search criteria will be saved and you will be sent to the Registry Application Form.

### Search Description:



**STEP 3:** Once you have finished searching and have submitted your search criteria, in order to receive approval, you are required to:

1. submit a Registry Application Form and
2. meet with a Registry staff member to go over your recruitment plan

Once you complete these 2 steps, approval will be sent to you by email, and you will then be able to access your Registry dataset by [login](#).

Study Title: This Is A Test of Pepper System	
REGISTRY FORM	
<b>Principal Investigator:</b>	
First Name:	Janelle
Last Name:	Christensen
School:	Medicine
Department:	Geriatrics
<b>Person to contact for information (project coordinator):</b>	
First Name:	Office
Last Name:	Support
Office Address:	1110 Kaufmann Medical Building
	3471 Fifth Ave
City:	Pittsburgh
State:	PA
Zipcode:	15213
Phone:	(412) 692-2843
Email address:	jic157@pitt.edu
<b>Project Information:</b>	
Title of Study:	This Is A Test of Pepper System
IRB #:	
IRB # Approval Date:	1 / 1 / 2023
Type of Study:	<input type="checkbox"/> Participating Study
	Name of Participating Study:
	<input type="checkbox"/> Pilot Study
	<input type="checkbox"/> Developmental Study
	<input type="checkbox"/> Other

- At this point, you must ensure that you have IRB approval to use the Pepper Community Registry and/ or the Platinum Senior Living Research Registry.

**Pepper Community: IRB STUDY19090270**

**Platinum Senior Living: IRB STUDY19100197**

- Dr. Albert and Team will review your study.
- Upon approval, you will be asked to add a Pepper representative to your IRB staff.

Dataset will be generated for your PI. Login can be shared with Research Coordinator/ Manager.

Please remember to acknowledge the Pepper Grant **P30 AG024827** on all manuscripts!

Your Dataset is LIVE. As people are removed or added to the registry, your dataset is updated.  
We will ask you to report on the initial number of people who showed up in the dataset.