

2025 Registry Access Instructions for Researchers

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

1. Go to pepper.pitt.edu website
2. To access information about the registries:
 - a. Select the “Researcher Services” drop down;
 - b. then “Apply to Use Our Registries”



3. Once to the ‘Researcher Services’ page

- a. Click the “Application for both registries can be found here” button.

Apply to Use Our Registries

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.

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

Researchers wanting to use either registry need to apply.

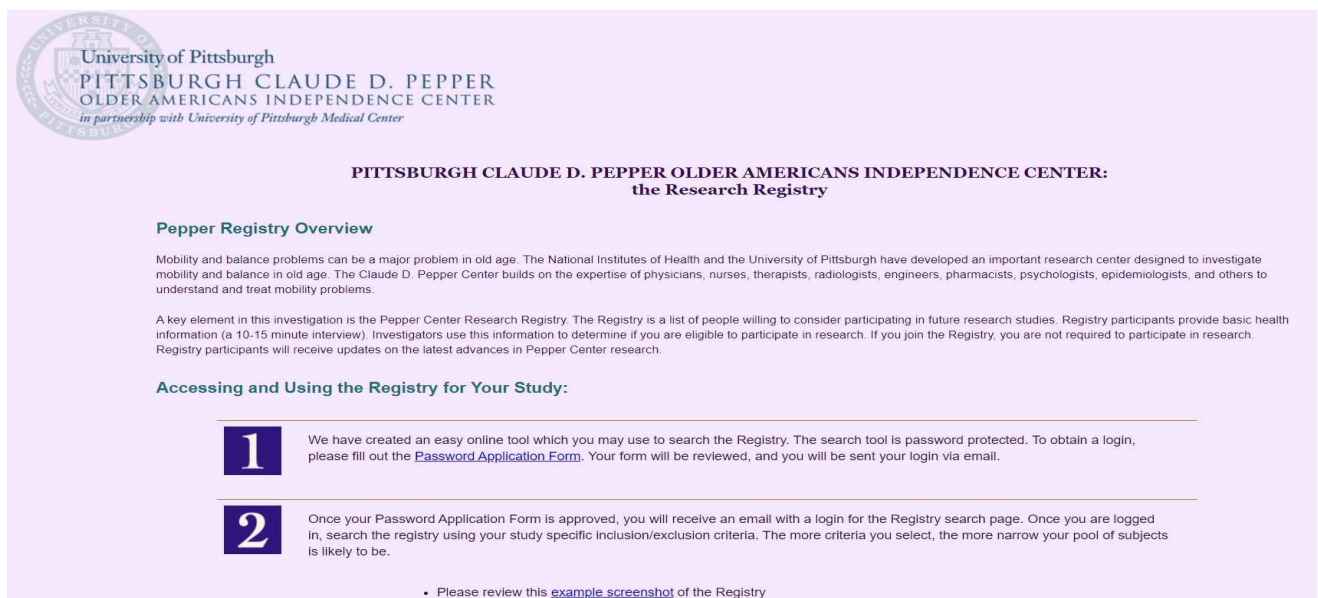
Application for both registries can be found here >

Download step-by-step application instructions here >

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 **by selecting the link**. 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



The screenshot shows the 'Pepper Registry Overview' page. At the top left is the University of Pittsburgh logo and the text: 'University of Pittsburgh', 'PITTSBURGH CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER', and 'in partnership with University of Pittsburgh Medical Center'. The main heading is 'PITTSBURGH CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER: the Research Registry'. Below this is the 'Pepper Registry Overview' section, which describes the center's mission and the Registry's purpose. It mentions that the Registry is a list of people willing to consider participating in future research studies and that participants provide basic health information. The 'Accessing and Using the Registry for Your Study:' section contains two numbered steps: 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.' At the bottom, there is a note: 'Please review this [example screenshot](#) of the Registry'.

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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

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

PASSWORD APPLICATION 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?	
<input type="text"/>	
Do you want to use:	
<input type="radio"/> Pepper Community Registry	
<input type="radio"/> Platinum Senior Living Registry	
<input type="radio"/> Both	
Brief description of the study:	
<input type="text"/>	
IRB Study #:	<input type="text"/>
Grant # (optional):	<input type="text"/>

Submit

Once submitted, look for an email from DCWeb with the subject “Pepper – Password Application Submitted”. Sample emails:

From: dcweb

Sent: Friday, January 16, 2025 10:54 AM

To: Christensen, Janelle J. <JJC157@pitt.edu>; Albert, Steven M <smalbert@pitt.edu>; Bragg, Timothy J <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, January 16, 2025 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.

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

The screenshot displays the 'Admin Menu' interface. It features a list of administrative tasks and reports. The tasks are numbered 1 through 4, and the reports are listed under a 'Reports' heading. The 'Search the Registry' option is highlighted with an orange box.

Admin Menu	
1.	Approve Pending Requests
2.	Update IRB Approval
3.	Update Study Status
4.	Reports
	◦ Current Full Registry Dataset
	◦ Historical Registry Dataset
	◦ Registry Usage
	◦ Registry Demographics
	◦ Overall Follow-ups
	◦ Registry Contact and Followup Info
	◦ Inactive Participants
	◦ Withdraw Participants
5.	Search the Registry

[NOTE: Search criteria can minimize participant numbers by acting as exclusions.]
[NOTE: If not specified, age criteria will automatically return the age range of 60 and above.]

*Sample search of participants for the following criteria: Age: 60+, Gender: Female, Doctor diagnosed subject with: Diabetes.


Search results= 176 participants.

** Search the Pepper Registry **			
Age:	<input type="checkbox"/> Greater Than Or Equal To <input type="text"/>		<input type="checkbox"/> Less Than Or Equal To <input type="text"/>
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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 <input type="checkbox"/> Hispanic/Latino		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living with Partner		
Zip Code(s):	<div>1720 1757 2879 4074 5489</div> <div>(Use CTRL-Click to select more than one)</div>		
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			
partner <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Highest level of education:	<input type="checkbox"/> Some schooling <input type="checkbox"/> High school degree <input type="checkbox"/> Some college/Vocational school <input type="checkbox"/> College degree <input type="checkbox"/> Graduate degree		
Self Rated General Health:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
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		
Participate in physical activity or exercise:	<input type="checkbox"/> Daily <input type="checkbox"/> A few days a week <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		
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			
Motorizes Scooter: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Rollator Walker: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Limb Prothesis: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Other Walking Aid: <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
Fall need to seek medical care:	<input type="checkbox"/> Yes		
More than 1 fall in the last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
** Please note: Data is not complete for the following variable, "How worried is the subject that they might fall". If you choose to select this criteria, please be aware that your results will be incomplete.			
How worried is the subject that they might fall:	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a Bit		
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			
wrists: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
ankles: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
fingers: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
toes: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			

legs: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
arms: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
hands/feet: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
other pain: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Doctor diagnosed subject with:			
stroke: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
arthritis: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
COPD/asthma: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
diabetes: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude			
osteoporosis: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
congestive heart failure: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
high blood pressure: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
glaucoma: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
peripheral neuropathy: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
heart attack: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
inner ear problem: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
parkinson's: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
alzheimers: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
epilepsy: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
cholesterol: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
other medical condition: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
no medical condition: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
macular degeneration: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
depression: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
cancer: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
fracture (since age of 50): <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
heart disease: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
hearing problems: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
vision problems: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
anxiety: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
memory problems: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
incontinence: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
sleep problems: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Specify fracture:			
hip: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
ankle: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
arm: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
leg: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
vertebra: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
wrist: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
foot/toe(s): <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
ribs: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
toe(s): <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
finger: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
other: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Specify cancer:			
skin: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
prostate: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
breast: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
colon: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
lung: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
kidney: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
blood: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
lymphoma: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
uterus/ovary: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
cervical: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
stomach: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
pancreas: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
liver: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
leukemia: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
other: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Current Cancer Treatment:	<input type="checkbox"/> Yes	Previous Cancer Treatment:	<input type="checkbox"/> Yes
Memory loss:	<input type="checkbox"/> Yes	Consume alcohol:	<input type="checkbox"/> Yes
Currently use tobacco products:	<input type="checkbox"/> Yes		
Tobacco:			
cigarettes: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
pipe tobacco: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
chewing tobacco: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
cigars: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
E-cig/vapes: <input type="checkbox"/> Include <input type="checkbox"/> Exclude			
Provide regular care or assistance to a friend or family member who has a health problem or disability?	<input type="checkbox"/> Yes		
Transportation to places beyond walking distance in the past month:	<input type="checkbox"/> Has travelled independently	<input type="checkbox"/> Has travelled assisted	<input type="checkbox"/> Has not travelled
How many prescription medications:	<input type="checkbox"/> No medications <input type="checkbox"/> 1-4 medications <input type="checkbox"/> More than 5 medications		
Able to go for a walk of at least 15 minutes:	<input type="checkbox"/> Yes without any difficulty <input type="checkbox"/> Yes with difficulty <input type="checkbox"/> No, unable to do		
Able to go up and down stairs at a normal pace:	<input type="checkbox"/> Yes without any difficulty <input type="checkbox"/> Yes with difficulty <input type="checkbox"/> No, unable to do		
Required help with Toileting/Continence/Accommodations in the past month:	<input type="checkbox"/> Yes		
Required help getting dressed in the past month:	<input type="checkbox"/> Yes		

Submit

RESULTS:



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in partnership with University of Pittsburgh Medical Center

176 participants meet your search criteria.

Review Your Entered Search Criteria:

- Age: 60 and over
- female

Doctor diagnosed subject with (includes at least one of the following):

- diabetes

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

Principal Investigator:

First Name:

Last Name:

School:

Department:

Person to contact for information (project coordinator):

First Name:

Last Name:

Office Address:

City:

State:

Zipcode:

Phone: () -

Email address:

Project Information:

Title of Study:

IRB #:

IRB # Approval Date: / /

Type of Study: ☐ Participating Study

Name of Participating Study:

☐ Pilot Study

☐ Developmental Study

☐ Other

- At this point, you must ensure that you have IRB approval to use the Community Research Connection 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.