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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit AA

Exam Bookkeeping

All

Form Type: Clinic Examination

LEGEND:

Raw form variable names are located next to the question they represent and do not have a border around the variable name.

Calculated variable names are derived from other variables and have a border around the variable name. The calculated variables names are located in close proximity to the questions from which they were derived.

Some of the questions and measurements on these forms are not being released, and therefore no variable name is provided for them.

STUDY OF OSTEOPOROTIC FRACTURES

Sixth Examination

SUBSETS

Home Visit **AAHOMEV**

Yes No

Year 12 subsample **AAYEAR12**

Yes No

↓
24 hour urine collection

complete

refused

unable (explain in comments)

QDR 2000 whole body

complete

refused

unable (explain in comments)

Reliability **AARELIAB**

Yes No

Osteon **AAOSTEON**

Yes No

Information for exams

Fracture/Injury

In the last 3 months, have you had a fracture or injury in the leg, ankle, or foot that has reduced your weight bearing activity?

Yes No

↓
Right Yes No

Left Yes No

PPT ID _____

Name Code _____

Date _____

Time visit started

AAEXMAP am

____ : ____ pm

Specimens

Arterialized Venous Blood Sample

complete

pending

unable (explain in comments)

Serum

complete

pending

unable (explain in comments)

Urine

Timed in Clinic

complete

pending

unable (explain in comments)

Osteon: Calcaneus Examiner ID: _____

Side scanned at baseline: Right Left N/A **AAV1HEEL**

Side scanned at V6 Right Left Refused **AAHLSIDE**

If V6 side is different than side scanned at baseline, record reason. Fracture **AAHLDIF**

Hardware

Other: Specify: _____

Area **BMC** **BMD**
AAOSAREA _____ cm² **AAOSBMC** _____ gm **AAOSBMD** _____ gm/cm²

No scan - record reason: **AAOSRSN**

- Refused Radiation
- Refused Makeup/Call back
- Amputee
- Unable to obtain values
- Other: _____

Grip Strength

Stroke or injury causing weakness?

No - test both sides Yes - test both sides

Recent worsening of pain or arthritis?

No - test both sides Yes - test unaffected side

Right

Left

}	_____ kg	_____ kg
	_____ kg	_____ kg
	<input type="checkbox"/> weakened	<input type="checkbox"/> weakened
	<input type="checkbox"/> refused	<input type="checkbox"/> refused
	<input type="checkbox"/> unable	<input type="checkbox"/> unable

QDR 1000: Hip

Examiner ID: _____

Side scanned at V2 (or V3): Right Left N/A

Side scanned at V6: Right Left Refused

If V6 side is different than side scanned at V2 (or v3), record reason.

- Fracture
- Hip replacement
- Other: Specify: _____

AAHIPDIF

No scan - record reason:

- Refused Radiation
- Unable to lie on table
- Bilateral Hip Replacement
- Other: _____

Calcaneal Ultrasound (Sahara Unit)

Examiner ID: _____

Side scanned at V4 Right Left N/A

Side scanned at V6 Right Left Refused

If V6 side is different than V4 side, record reason:

AADIF46

* Fracture

* Hardware

Other: Specify: _____

* Categories with the same symbol have been combined into a single category.

BUA 1: _____ • _____ units

SOS 1: _____ • _____ m/s

QUI 1: _____ • _____ units

BUA 2: _____ • _____ units

SOS 2: _____ • _____ m/s

QUI 2: _____ • _____ units

If BUA scan 1 and 2 differ by more than 10 units, repeat scan.

BUA 3: _____ • _____ units

SOS 3: _____ • _____ m/s

QUI 3: _____ • _____ units

Unable to obtain values: (Check all that apply.)



Foot deformity

Equipment problem

Foot too big **AAOSBIG**

Participant refuses

AAOSEQIP

AAOSREF

Edema **AAOSEDMA**

Other **AAOSOTH** _____

In Clinic Timed Urine Specimen Form

PPT. ID: _____

Has participant eaten in the last 5 hours? Yes No

Time Collection Started: _____ : _____ am
 pm

Time Collection Finished: _____ : _____ am
 pm

Total Collection Time: _____ Minutes

Volume: _____ mls.

Was urine specimen archived?

Yes No



1 tube

2 tubes

After collection, ask participant:

"Did you lose a significant amount (1/4 to 1/2 cup or more) of urine during the collection period?"

Yes No

24 Hour Urine Collection Year 12 Subset

A. Collection

Date collection started: _____
Month Day Year

Collection start time: ____ : ____ A.M. (Midnight is 12 A.M.)
 P.M.

Date collection ended: _____
Month Day Year

Collection end time: ____ : ____ A.M. (Midnight is 12 A.M.)
 P.M.

B. Processing

Was collection kept in refrigerator? Yes No

Date Processed: _____
Month Day Year

Prepared weight (written in marker on container):

_____ • _____ grams

Filled weight:

_____ • _____ grams

Urine pH: _____ • _____

Were any voids missed? Yes No

How many? _____

Archive specimen:

Yes 1 tube
No 2 tubes

Were any voids spilled (at least 5%)? Yes No

How many? _____

Reminder: Write height & weight on net acid excretion specimen label.

height _____ weight _____ from pg 2.