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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

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Medical History

Osteoporosis

Form Type: Self-Administered Questionnaire

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.

67 cont. Has a doctor ever told you that you have:

IF YES,
are you currently
being treated for
this condition by a
doctor?

k. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD

No

Yes →

No

Yes

l. Arthritis of hips

No

Yes →

No

Yes

m. Arthritis of knees

No

Yes →

No

Yes

n. Osteoarthritis or degenerative arthritis

No

Yes →

No

Yes

o. Rheumatoid arthritis

No

Yes →

No

Yes

p. Hyperthyroidism (high thyroid)

No

Yes →

No

Yes

q. High blood pressure

No

Yes →

No

Yes

r. Fracture of the spine or fracture of the vertebrae

No

Yes →

No

Yes

s. Osteoporosis, thin or brittle bones **AAEOSTEO**

No

Yes →

No

Yes

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