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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit AA

Vision

Vision History

Form Type: Clinic Interview

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.

1. Has a doctor ever told you that you have any of the following?

Right Eye:

Left Eye:

a. Cataracts:

AARCAT

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

AALCAT

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

b. Cataract extraction (surgery):

AARCATSEX

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

AALCATSEX

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

c. Combined cataract/glaucoma surgery:

AARCATSG

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

AALCATSG

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

d. IF YES TO b OR c, during cataract surgery was a new lens placed in your eye?

AARLENS Right:

Yes No Don't know

AALENSOD

AALLENS Left:

Yes No Don't know

AALENSOS

Q. 1 cont.

Right Eye:

Left Eye:

e. Yag capsulotomy or treatment for 2nd cataract:

AARYAG

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

AALYAG

Yes → If yes, date of surgery:
 _____ / _____
 Month Year

No

Don't know

f. Glaucoma:

AARGLAU

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

AALGLAU

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

g. Macular Degeneration:

AARMACD

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

AALMACD

Yes → If yes, date first told:
 _____ / _____
 Month Year

No

Don't know

Ocular History Cont.

Right Eye:

Left Eye:

h. Uveitis (inflammation of the eye):

AARUVEIT

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

AALUVEIT

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

i. Stroke or hemorrhage of the eyes:

AARSTRK

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

AALSTRK

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

j. Diabetes in the eyes:

AARDIAB

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

AALDIAB

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

k. Blind eye:

Yes → If yes, reason for loss of sight:

No

Don't know

Date: ____ / ____
Month Year

Yes → If yes, reason for loss of sight:

No

Don't know

Date: ____ / ____
Month Year

2. Have you ever been hit in the eye with a fist or an object?

AARHIT Right Eye:

Yes → If yes, date when hit:
 No
 Don't know

Month / Year

Left Eye: AALHIT

Yes → If yes, date when hit:
 No
 Don't know

Month / Year

3. Are you currently using eye drops in your eye for any reason?

Right Eye:

Yes
 No
 Don't know

Left Eye:

Yes
 No
 Don't know

If participant answered yes to question 3, then ask questions 4 and 5.
Otherwise, proceed to question 6 page 7.

If drops not listed on pages 5 & 6, then record here:

Right eye: _____

Left eye: _____

8. Do you wear eyeglasses to drive or watch television?

- Yes No Don't know

8a. If yes, how long have you had this pair?

_____ Years _____ Months Less than one month

9. For near correction, do you USUALLY wear (check one):

- Don't wear glasses for near correction
- Reading glasses only
- Bifocals
- Trifocals
- Progressive or "hidden" bifocal or trifocal glasses

9a. How long have you had these glasses?

_____ Years _____ Months Less than one month

10. Have you ever had eye surgery or laser treatment other than cataract surgery?

AAEYESRG

Yes
↓

No → Go to question 11 page 10

Was this (ask a-h):

a. Laser surgery for diabetes?

Right Eye:

AARSGDB

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

Left Eye:

AALSGDB

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

b. Laser surgery for macular degeneration?

AARSGMD

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

AALSGMD

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

c. Glaucoma surgery, including laser surgery for glaucoma?

AARSGGL

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

AALSGGL

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

d. Retina surgery?

AARSGRET

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

AALSGRET

Yes →
 No
 DK

IF YES:
Number of surgeries: _____
Date of most recent surgery: _____ / _____
Month Year

e. Corneal graft or transplant?

AARCORN

Right Eye:

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

AALCORN

Left Eye:

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

f. Refractive surgery (a procedure that allows you to either not wear glasses, or to wear less powerful ones)?

AARREF

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

AALREF

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

g. Enucleation (removal of eye)?

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

- Yes →
- No
- DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

h. Other eye surgery?

AAROTHSG

- Yes →
- No
- DK

IF YES:
 Type of surgery: _____

 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

AALOTHSG

- Yes →
- No
- DK

IF YES:
 Type of surgery: _____

 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

11. Examiner rating of ocular history.

- Excellent
- Satisfactory
- Unsatisfactory

12. Do we need the ophthalmology record?

- Yes
- No
- Don't Know

13. Comments: _____

e. Corneal graft or transplant?

Right Eye:

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

Left Eye:

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

f. Refractive surgery (a procedure that allows you to either not wear glasses, or to wear less powerful ones)?

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

g. Enucleation (removal of eye)?

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

Yes →

No

DK

IF YES:
 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

h. Other eye surgery?

Yes →

No

DK

IF YES:
 Type of surgery: _____

 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

Yes →

No

DK

IF YES:
 Type of surgery: _____

 Number of surgeries: _____
 Date of most recent surgery: _____ / _____
 Month Year

11. Examiner rating of ocular history.

AAOCHX

- Excellent Satisfactory Unsatisfactory

12. Do we need the ophthalmology record?

- Yes No Don't Know

13. Comments: _____
