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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Anthropometric Measures

Anthropometric Measures

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.

FAMILY HISTORY OF BROKEN BONES AND FRACTURES

Clinic use only
 ID _____
 Nmcd. _____
 Date _____

18. Has a **doctor** ever said that you had a broken or fractured bone?
 (MARK ONE BOX.)

Yes

No

Don't know

PLEASE GO TO QUESTION 19

IF YES, please write down the names of all the bones you have broken (for example, "wrist" or "spine") and your age when you broke that bone.

Broken Bone	Age When Broken
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Clinic Use	
Trauma	Hip Hosp
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>
F Ht ST	Y <input type="checkbox"/> N <input type="checkbox"/>

19. How tall were you without shoes on at about age 25?
 If you don't remember exactly, give your best estimate.

V1HTCM25

_____ feet _____ inches

20. What was your usual weight at about age 25 (at a time you were not pregnant)?
 If you don't remember exactly, give your best estimate.

V1KGS25

_____ pounds

21. What was your usual weight at about age 50?
 If you don't remember exactly, give your best estimate.

V1KGS50

_____ pounds

ANTHROPOMETRIC MEASURES/STRENGTH/BLOOD PRESSURE

Weight: _____ kg
 Height: _____ cm

V1BMI
V1WGHT
V1HGHT
V1WTLS25

V1WT2550
V1WTLS50
V1HTLOSS
V1HARP

Girths:
 Waist Girth: **V1WAIS** _____ cm
 Hip Girth: **V1HIPG** _____ cm
V1WSTHIP

Grip strength: Right: _____ kg
 Left: _____ kg

Muscle Strength

Examiner ID # _____

Have you ever had a stroke or injury that has made one side weaker than the other?

- No → proceed with right side only
- Yes → test right and left sides, all three positions

<u>Test</u>	<u>Distance (nearest cm)</u>	<u>Force</u>	<u>Overcome subject's resistance?</u>
<u>RIGHT SIDE</u>			
Knee extension (sitting)	_____ cm	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no
Triceps	_____ cm	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no
Hip abduction	_____ cm	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no

IF INDICATED:

<u>LEFT SIDE</u>	<u>Force</u>	<u>Overcome subject's resistance?</u>
Knee extension (sitting)	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no
Triceps	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no
Hip abduction	_____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no

Elbow breadth (right arm)

First measurement _____ mm
Second measurement _____ mm
Difference: _____ mm

(If more than 2 mm difference, repeat two measurements)

V1ELBBRD

Repeat 1st measurement _____ mm
Repeat 2nd measurement _____ mm

Knee height (right leg)

(If obvious length disparity, measure longer leg)

First measurement _____ cm
Second measurement _____ cm
Difference: _____ cm

V1QUETKN

(If more than 0.5 cm difference, repeat two measurements)

V1KNEEHT

Repeat 1st measurement _____ cm
Repeat 2nd measurement _____ cm

Blood Pressure Lying (wait 5 minutes)

Pulse: _____ (Beats per 30 seconds at radial artery)

First phase _____ mmHg

Fifth phase _____ mmHg

Blood Pressure Standing (wait one minute)

Did you feel dizzy, lightheaded or woozey when you got up? _____

Pulse: _____ (Beats per 30 seconds at radial artery)

First phase _____ mmHg

Fifth phase _____ mmHg