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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 1**

### **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 CLINIC QUESTIONNAIRE

9/11/87

## CLINIC PROCEDURES INVENTORY FORM

(Use this page to record single photon data and to document performance of other clinic procedures)

### Single photon absorptiometry

Before transcribing:

- 1) Check distal scan to confirm right or left side
- 2) Be sure values are for radius
- 3) Be sure values are from correct column

**Double check your entries.**

Date: \_\_\_\_\_

Single photon values (transcribed from SPA report):

Distal Radius	<u>V1DSTBMC</u> gm/cm	<u>V1DSTCM</u> cm
Proximal Radius	<u>V1PRXBMC</u> gm/cm	<u>V1PRXCM</u> cm
Os Calcis	<u>V1OSBMC</u> gm	<u>V1OSAREA</u> cm <sup>2</sup>

V1DSTBMD

V1PRXBMD

V1OSBMD

### X Ray

Hip/Pelvis Date: \_\_\_\_\_ Lower Spine Date: \_\_\_\_\_

Upper Spine Date: \_\_\_\_\_ Hand Date: \_\_\_\_\_

### Blood Draw

Date: \_\_\_\_\_ Number of cryo-tubes: \_\_\_\_\_ Dietary compliance?  
Yes  No

Second draw is required, (fewer than 3 tubes first visit) Dietary compliance?  
Date: \_\_\_\_\_ Number of cryo-tubes \_\_\_\_\_ Yes  No

September 11, 1987