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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### Visit 1

#### Lifestyle

##### Physical Activity and Exercise

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.

# PHYSICAL ACTIVITY AND EXERCISE

Clinic use only

ID \_\_\_\_\_

Nmcd. \_\_\_\_\_

Date \_\_\_\_\_

These few questions ask about physical activity. This includes activities such as dancing and walking for exercise, organized sports such as golf and bowling, and any other activities such as those listed here:

Walking  
Hiking  
Jogging  
Running

V1TTLFWT

V1HLIFTM

Dance Exercise  
Aerobic Dance  
Square Dancing  
Other Dancing

Calisthenics  
Softball  
Field Hockey  
Basketball

Swimming  
Skiing  
Bicycling  
Skating

Gardening  
Golf (walking)  
Golf (with a cart)  
Bowling

Tennis (singles)  
Tennis (doubles)  
Weightlifting  
Nautilus

Raquetball  
Squash  
Badminton

Rowing  
Shuffleboard  
Canoeing

Volleyball  
Horseback Riding  
Any Other

V1LOWINT

V1MEDINT

V1HGHINT

V1LWKINT

V1MWKINT

V1HWKINT

V1TTMYR

V1TMYRWT

V1TOTKCL

V1TTKCAL

V1LOWKNP

V1LTWKNP

**58.** Did you participate in any physical activities, recreation, or sport in the past week?

V1PACTWK

Yes

No

Don't know

PLEASE GO TO QUESTION 59

**IF YES,** write down these activities and answer the questions about how often "on average" did you each on in the past 12 months.

Clinic Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many weeks per year do you do it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many times per week do you do it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinic Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**59.** In addition to activities you did last week, are there any other physical activities or sports that you participated in during the past 12 months?

**V1PACTYR**

Yes

No

Don't know

**PLEASE GO TO QUESTION 60**

**IF YES**, write down these activities and answer the questions about how often "on average" you did each one in the past 12 months.

Clinic Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity	How many weeks per year do you do it?	How many times per week do you do it?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clinic Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**60.** Thinking back to when you were about 50 years old did you participate in a physical activity or sport at that time?

**V1PACT50**

Yes

No

Don't know

**PLEASE GO TO QUESTION 61**

**IF YES**, write down these activities and check the box for the number of times per year you did each one.

Clinic Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity	Times per year			
	1 to 12	13 to 50	51 to 200	more than 200 (almost every day)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V1L50INT**

**V1M50INT**

**V1H50INT**

**V1TTOT50**

**V150TMWT**

**61.** Thinking back to when you were about 30 years old, did you participate in a physical activity or sport at that time?

V1PACT30

Yes       No       Don't know

**PLEASE GO TO QUESTION 62**

**IF YES,** write down these activities and check the box for the number of times per year you did each one.

Activity	Times per year			
	1 to 12	13 to 50	51 to 200	more than 200 (almost every day)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinic Use

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

V1L30INT

V1M30INT

V1H30INT

V1TTOT30

V130TMWT

**62.** Thinking back to when you were a teenager, did you participate in a physical activity or sport during that period?

V1PACTTA

Yes       No       Don't know

**PLEASE GO TO QUESTION 63**

**IF YES,** write down these activities and check the box for the number of times per year you did each one.

Activity	Times per year			
	1 to 12	13 to 50	51 to 200	more than 200 (almost every day)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinic Use

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

V1LTAINT

V1MTAINT

V1HTAINT

V1TTOTTA

V1TATMWT

**63.** About how many hours per week do you usually spend doing heavy household chores, such as scrubbing floors, vacuuming, sweeping, yardwork, gardening, or snow shoveling?

**V1CHORHR**

\_\_\_\_\_ hours per week.

**64.** At least once a week, do you engage in any regular activity (brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?

**V1SWETWK**

Yes

Less than  
once a week

No

**PLEASE GO TO QUESTION 65**

**IF YES**, how many times per week?

**V1SWETNO**

\_\_\_\_\_ times per week.

**65.** During an average 24-hour day, about how many hours do you usually spend sleeping and lying down with your feet up? (Be sure to include time sleeping at night or trying to sleep, resting or stretched out on the sofa watching T.V., etc.)

**V1FEETUP**

I usually spend about \_\_\_\_\_ hours a day sleeping and lying down.

**V1OFFFT4**

**66.** During an average 24-hour day, about how many hours do you usually spend sitting upright? (Be sure to include time sitting at the table eating, driving or riding in a car or bus, sitting watching T.V. or talking, etc.)

**V1SITUP**

I usually spend about \_\_\_\_\_ hours a day sitting upright.

**67.** IN THE PAST TWELVE MONTHS, have you spent more than seven days in a row in bed most or all of the time?

V1INBED7

Yes

No

Don't know

PLEASE GO TO QUESTION 68

IF YES:

a. In the past 12 months, what was the most number of days in a row that you spent in bed most or all of the time?

V1BEDREC \_\_\_\_\_ days in a row.++

++Changed from continuous to categorical variable to ensure confidentiality

b. How many days in total over the past year did you spend in bed most or all of the day?

V1BEDTOT \_\_\_\_\_ days in total!++

++Changed from continuous to categorical variable to ensure confidentiality

**68.** NOT INCLUDING THE PAST 12 MONTHS, have you ever spent more than 30 days in a row in bed most or all of the time?

V1BED30D

Yes

No

Don't know

PLEASE GO TO QUESTION 69

IF YES,

a. What was the most number of days in a row that you ever spent in bed most or all of the time?

V1BEDGT \_\_\_\_\_ days in a row.++

++Changed from continuous to categorical variable to ensure confidentiality

b. How old were you when this happened?

V1GTAGE I was \_\_\_\_\_ years old.++

++Changed from continuous to categorical variable to ensure confidentiality

**69.** About how often, on the average, do you go out of your house or residence in good weather?

**V1GETAIR**

- several times a day
- about once a day
- several times a week
- about once a week
- less than once a week

**70.** About how often, on the average, do you leave your neighborhood?

**V1CAROUS**

- several times a day
- about once a day
- several times a week
- about once a week
- 2 or 3 days a month
- less than once a month

**71.** Think about how often you use stairs on a typical day. Include inside stairs and outside stairs, stairs at home and stairs at other places.

a. About how many trips down stairs do you make on a typical day? Count each time you go down a stairway as 1 trip.

**V1DNSTRS** \_\_\_\_\_ trips down stairs per day.

b. About how many flights of stairs do you walk up on a typical day? Please note: 10 steps equals 1 flight of stairs.

**V1UPSTRS** \_\_\_\_\_ flights up per day.

**V1STRCAL**