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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Medical History

Arthritis History

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.

HAS A DOCTOR EVER TOLD YOU THAT YOU HAD:

41. Parkinson's Disease?

Yes

No

Don't know

42. Any kind of arthritis or rheumatism?

V1EARTH

Yes

No

Don't know

PLEASE GO TO QUESTION 43

IF YES:

a. How old were you when a doctor first told you this?

V1EAAGE I was _____ years old.

V1ARTHYR

b. Which kind of arthritis did a doctor say you had?

V1EAKIND

- osteoarthritis or degenerative arthritis
- rheumatoid arthritis
- other (say which kind: _____)
- don't know, didn't say which kind

43. Cataract(s)?

Yes

No

Don't know

PLEASE GO TO QUESTION 44

IF YES, have you had surgery for cataract(s)?

Yes

No

Don't know