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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Medical History

Hip, Knee and Joint Health

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.

79. HAVE YOU EVER HAD pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month?

Yes

No

Don't know

PLEASE GO TO MEDICATIONS

V1EHIP

IF YES:

a. How old were you when you first experienced this recurring pain in your hip?

_____ years old.

b. When was the last time you had the hip pain?

V1EHLST still have it 1 to 3 years ago
 less than 1 year ago more than 3 years ago

c. From the hip, does the pain tend to spread?

Yes

No

Don't know

PLEASE GO TO QUESTION d

IF YES, to where does the pain spread? (Check all that apply.)

- the inside of your leg
- the front of your leg
- the outside of your leg
- the back of your leg
- somewhere else (say where: _____)

d. Do you (or did you) have pain in or around the hip when either coughing or sneezing?

Yes

No

Don't know

e. When this pain is present, does it hurt when resting as well as when moving?

Yes

No

Don't know