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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Medications

Hormones

Form Type: Clinic Interview

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.

HORMONE CHART (Age _____, Yr of birth _____)

Enter data for hormones by reviewing MEDICATIONS take-home and pill bottles.	Birth Control Pills (P. 4, Q. 9)	Estrogens Pills (P. 4, Q. 10)	Estrogen Skin Patches
A. Have you ever taken [DRUG TYPE]?	A. Ever taken? <input type="checkbox"/> Yes V1BCPEVR <input type="checkbox"/> No <input type="checkbox"/> Don't Know →	A. Ever taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know →	A. Ever used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know →
FOR EACH DRUG TYPE CODED "YES" IN A. ABOVE, ASK B-I B. About how old were you when you first started taking [DRUG TYPE]?	B. Age Started? _____ years old _____ years ago In 19 _____	REVIEW ESTROGEN CHART (TAKE-HOME, PAGE 6, QUESTION 14)	
C. • How old were you when you last took birth control pills? • Are you still (taking/using) estrogen (pills/skin patches)?	C. Age Stopped _____ age stopped _____ years ago In 19 _____	C. Still taking? <input type="checkbox"/> Yes <input type="checkbox"/> No, stopped	C. Still using? <input type="checkbox"/> Yes <input type="checkbox"/> No, stopped
D. Did you take some kind of [DRUG TYPE] the whole time, since you started until [ENDING TIME] or did you stop taking it for awhile? (IF STOPPED: Not counting years when you stopped taking [DRUG TYPE,] about how many years have you taken [DRUG TYPE]	D. Take whole time? <input type="checkbox"/> whole time <input type="checkbox"/> stopped awhile _____ Years taken (< 1 year = 0)		

	Birth Control	Estrogen Pills	Skin Patches
E. What is the name of the [DRUG TYPE] you are using now?	Go to next drug type.	<p>E. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not currently taking</p>	<p>E. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not currently taking</p>
F. <ul style="list-style-type: none"> What is the pill size and number of pills per month of [NAME] you are using now? What size (dose) skin patch do you use and how many days per month do you use it? 	<p>F. Current dose _____mg per pill</p> <p>_____pills per month</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not currently taking</p>	<p>F. Current dose _____mg per patch</p> <p>_____days per month</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not currently taking</p>	
H. FOR ALL WHO EVER TOOK EACH TYPE, ASK: What is the name of the [DRUG TYPE] you used the longest?		<p>H. Name used longest _____</p> <p><input type="checkbox"/> Don't know</p>	<p>H. Name used longest _____</p> <p><input type="checkbox"/> Don't know</p>
I. FOR ALL WHO EVER TOOK EACH TYPE, ASK: <ul style="list-style-type: none"> What is the pill size and number of pills per month of [NAME USED LONGEST] you have used for the longest period of time? What is the size (dose) and number of days per month you have used a skin patch for the longest period of time? 	<p>I. Dose used longest _____mg per pill</p> <p>_____pills per month</p> <p><input type="checkbox"/> Same as current</p> <p><input type="checkbox"/> Don't know</p> <p>V10ESUSE</p>	<p>I. Dose used longest _____mg per patch</p> <p>_____days per month</p> <p><input type="checkbox"/> Same as current</p> <p><input type="checkbox"/> Don't know</p>	<p>I. Dose used longest _____mg per patch</p> <p>_____days per month</p> <p><input type="checkbox"/> Same as current</p> <p><input type="checkbox"/> Don't know</p>

Call back for missing data

Call back for missing data

Call back for missing data

Call back for missing data

Premarin: Green = .3 mg

Yellow/Orange = 1-25 mg

Purple = 2.5 mg

V1NBCPYR

V1NESSTYR

V1NESKYR

V1ESKMGY

V1ESMGMY

V1ESKUSE

V1ESKMGY

HORMONE CHART

Enter data for hormones by reviewing MEDICATIONS take-home and pill bottles.	Estrogen Vaginal Cream or Suppository (P. 5, Q. 11)	Estrogen Injections (P. 5, Q. 12)	Progestins (P. 5, Q. 13)	
<p>A. Have you ever taken [DRUG TYPE]?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>A. Ever taken?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>A. Ever taken?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>A. Ever taken?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	
<p>FOR EACH DRUG TYPE CODED "YES" IN A. ABOVE, ASK B-I</p> <hr/> <p>B. About how old were you when you first started taking [DRUG TYPE]?</p>	<p>REVIEW ESTROGEN CHART (TAKE-HOME, PAGE 6, QUESTION 14)</p>			<p>B. Age Started?</p> <p>_____ years old</p> <p>_____ years ago</p> <p>In 19 _____</p>
<p>C. Are you still taking [DRUG TYPE]?</p> <p>----- (IF NO: how old were you when you last took [DRUG TYPE]?)</p>	<p>C. Still taking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, stopped</p>	<p>Go to next drug type.</p>	<p>C. Still taking?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, stopped</p> <p>----- _____ age stopped</p> <p>_____ years ago</p> <p>In 19 _____</p>	
<p>D. Did you take some kind of [DRUG TYPE] the whole time, since you started until [STILL TAKING: "now"/ NOT STILL TAKING: "ENDING TIME] or did you stop taking it for awhile? (IF STOPPED: Not counting years when you stopped taking [DRUG TYPE,] about how many years have you taken [DRUG TYPE]</p>	<p>D. Take whole time?</p> <p><input type="checkbox"/> whole time <input type="checkbox"/> stopped awhile</p> <p>_____ Years taken (< 1 year = 0)</p>			

	Vaginal Cream	Injections	Progestins
E. What is the name of the [DRUG TYPE] you are using now?	E. Current name <input type="checkbox"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Not currently taking		E. Current name <input type="checkbox"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Not currently taking
F. (Cream) How many times per week are you using [NAME] now? • What is the pill size and number of pills per month of [NAME] you are using now?	F. Current dose _____ times used _____ per week <input type="checkbox"/> Don't know <input type="checkbox"/> Not currently taking		F. Current dose _____mg per pill _____pills per month <input type="checkbox"/> Don't know <input type="checkbox"/> Not currently taking
H.FOR ALL WHO EVER TOOK EACH TYPE, ASK: What is the name of the [DRUG TYPE] you used the longest?	H.Name used longest <input type="checkbox"/> _____ <input type="checkbox"/> Don't know		H.Name used longest <input type="checkbox"/> _____ <input type="checkbox"/> Don't know
I. FOR ALL WHO EVER TOOK EACH TYPE, ASK: • (CREAM) What is the number of times per week you used [NAME USED LONGEST] for the longest period of time? • What is the pill size and pills per month of [NAME USED LONGEST] you have used for the longest period of time?	I. Dose used longest <input type="checkbox"/> Same as current _____ times used _____ per week <input type="checkbox"/> Don't know		I. Dose used longest <input type="checkbox"/> Same as current _____mg per pill _____pills per month <input type="checkbox"/> Don't know

V1ERTCUR

V1EPRCUR

V1OESTYR

Call back for missing data

V1NECRYR

V1ECRWKY

Call back for missing data

V1PRUSE

V1NPRYR

V1PRDSYR

V1ESIUSE

ESTROGEN CHART CODING FORM

Instructions: Use this form to transcribe information from the estrogen use chart (page 6 of the medications section of the take-home forms). Code estrogen preparations as 1-4 according to their designation on the chart. Each separate period of use should be recorded on a separate line, with its own starting and ending age.

	<u>Estrogen Preparation</u>	<u>Start Age</u>	<u>End Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____