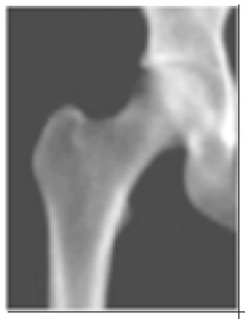

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Medications

Specific Medications

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.

MEDICATION CHART (Age_____, Yr of birth_____)

Obtain data on medication use by asking the question and reviewing MEDICATIONS take-home and pill bottles.	Diuretics (Thiazide) (P. 1, Q. 1)	Diuretics (Non-thiazide: Lasix, Aldactone, Triamterene, Acetazolamide) (P. 1, Q. 1)	Thyroid Hormones (P. 1, Q . 2)	Medicine for Seizures (P. 2, Q. 3)
A. Have you ever taken [DRUG TYPE]?	**A. Ever taken?** ☐ Yes ☐ Yes, don't know name ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ 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*_____	**B. Age Started?** _____ years old _____ *years ago* *In 19*_____	**B. Age Started?** _____ years old _____ *years ago* *In 19*_____	**B. Age Started?** _____ years old _____ *years ago* *In 19*_____
C. Are you still taking [DRUG TYPE]?	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped
(IF NO: how old were you when you last took [DRUG TYPE]?	_____ age stopped _____ *years ago* *In 19*_____	_____ age stopped _____ *years ago* *In 19*_____	_____ age stopped _____ *years ago* *In 19*_____	_____ age stopped _____ *years ago* *In 19*_____
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?	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile
(IF STOPPED: Not counting years when you stopped taking [DRUG TYPE,] about how many years have you taken [DRUG TYPE]	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)

	Diuretics (Thiazide)	Diuretics Non-thiazide	Thyroid Hormones	Medicine for Seizures
E. What is the name of the [DRUG TYPE] you are using now?	**E. Current name** _____ ☐ Don't know ☐ Not currently taking	**E. Current name** ☐ _____ ☐ Don't know ☐ Not currently taking	**E. Current name** ☐ _____ ☐ Don't know ☐ Not currently taking	**E. Current name** ☐☐ _____ ☐ Don't know ☐ Not currenlty taking
F. What is the pill size and number of pills per day of (NAME IN E) you are using now?	*Go to next drug type.*		**F. Current dose** 0. _____ mg per day _____ grains per day ☐ Don't know ☐ Not currently taking	**F. Current dose** _____mg per pill _____pills per day ☐ Don't know ☐ Not currently taking
FOR ALL WHO EVER TOOK EACH TYPE, ASK: H. What is the name of the [DRUG TYPE] you used the longest?		**H. Name used longest** ☐ _____ ☐ Don't know	**H. Name used longest** ☐ _____ ☐ Don't know	*Go to next drug type.*
FOR ALL WHO EVER TOOK EACH TYPE, ASK: I. What is the pill size and number of pills per day of [DRUG NAME USED THE LONGEST] you used for the longest period of time?		*Go to next drug type.*	**I. Dose used longest** ☐ Same as current (F) _____mg per day _____grains per day ☐ Don't know	
	☐ Call back for missing data	☐ Call back for missing data	☐ Call back for missing data	☐ Call back for missing data
	V1THIUSE	V1NTHUSE	V1NTHYYR	V1NSZYR
	V1NTHIYR	V1NNTHYR	V1THMGDY	V1SZMDY

V1THYUSE V1SZUSE V1SZMDY1 V1SZMDY2 V1SZMDY4

MEDICATION CHART (Age_____, Yr of birth_____)

Obtain data on medication use by asking the question and reviewing MEDICATIONS take-home and pill bottles.	Vitamin D/Multi-Vitamins Containing Vitamin D at least once a week (P. 2, Q. 4)	Tums at least once a week (P. 3, Q. 5)	Calcium Supplements at least once a week (Not Tums) (P. 3, Q. 6)	Antacids at least once a week (Not Tums) (P. 3, Q. 7)
A. Have you ever taken [DRUG TYPE]?	**A. Ever taken?** ☐ Yes ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ Don't know →	**A. Ever taken?** ☐ Yes ☐ No → ☐ 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_____*	**B. Age Started?** _____ years old _____ *years ago* *In 19_____*	**B. Age Started?** _____ years old _____ *years ago* *In 19_____*	**B. Age Started?** _____ years old _____ *years ago* *In 19_____*
C. Are you still taking [DRUG TYPE]?	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped	**C. Still taking?** ☐ Yes ☐ No, stopped
(IF NO: how old were you when you last took [DRUG TYPE]?	_____ age stopped _____ *years ago* *In 19_____*	_____ age stopped _____ *years ago* *In 19_____*	_____ age stopped _____ *years ago* *In 19_____*	_____ age stopped _____ *years ago* *In 19_____*
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?	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile	**D. Take whole time?** ☐ whole time ☐ stopped for awhile
(IF STOPPED: Not counting years when you stopped taking [DRUG TYPE,] about how many years have you taken [DRUG TYPE]	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)	_____Years taken (< 1 year = 0)

	Vitiamin D	Tums	Calcium Supplements	Antacids
E. What is the name of the [DRUG TYPE] you are using now?	*Go to next drug type.*		**E. Current name(s)** 1._____ 2._____ ☐ Don't know ☐ Not currently taking	**E. Current name(s)** 1._____ ☐☐ 2._____ ☐☐ ☐ Don't know ☐ Not currently taking
F. • What size pill of [NAME] are you using now? • How many pills per (day/week) of [NAME] are you using now? • (LIQUID) How many times per week are you using [NAME] now?		**F. Current dose** _____Tums pills per week ☐ Don't know 88 ☐ Not currently taking	**F. Current dose** _____ mg per pill _____ mg per pill _____pills per day _____pills per day ☐ Don't know ☐ Not currently taking	**F. Current dose** _____ pills per week _____ pills per week ____times per wk (liquid) ____times per wk (liquid) ☐ Don't know ☐ 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** _____ ☐ Don't know	**H. Name used longest** ☐☐ _____ ☐ Don't know
I. FOR ALL WHO EVER TOOK EACH TYPE ASK: • What size pill of [NAME USED LONGEST] have you used for the longest period of time? • What is the number of pills per (day/week) of [NAME] you used for the longest period of time? • (LIQUID) What is the number of times per week you used [NAME USED LONGEST] for the longest period of time?		**I. Dose used longest** _____Tums pills per week ☐ Don't know	**I. Dose used longest** ☐ Same as current _____mg per pill _____pills per day ☐ Don't know	**I. Dose used longest** ☐ Same as current _____pills per week _____times per week (liquid) ☐ Don't know
	☐ Call back for missing data V1VTDUSE V1NVTDYR	V1TUMUSE ☐ Call back for missing data V1NTUMYR V1NTUMPW	☐ Call back for missing data V1CAUSE V1NCAYR V1CAMGYR V1CAWK	V1ANTUSE ☐ Call back for missing data V1NANTYR V1ANTPWY

MEDICATION CHART (Age_____, Yr of birth_____)

Obtain data for steroids by asking the question and reviewing MEDICATIONS take-home and pill bottles.

Prednisone
Cortisone or
Other Steroid Pills

(P. 4, Q. 8)

GO TO HORMONE CHART

A. Have you ever taken Prednisone, cortisone or other steriod pills?

(Optional: Prednisone and cortisone are kinds of steroids.)

A. Ever taken?

- ☐ Yes
- ☐ No
- ☐ 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 steroid pills?

B. Age Started?

_____ years old

_____ *years ago*

*In 19*_____

C. Are you still taking steroid pills?

C. Still taking?

- ☐ Yes
- ☐ No, stopped

(IF NO: how old were you when you last took steroid pills?

_____ age stopped

_____ *years ago*

*In 19*_____

D1. About how many months altogether have you taken steroid pills? Count only months when you actually used steroid pills.

D. Months taken

_____months

☐ Don't Know

IF DK MONTHS, ASK ABOVE FOR "years"

_____ years
(< 1 year = 0)

D2. Which of these statements comes closest to describing the way that you have taken steroids during periods when you used them? (HAND CARD)

- ☐ take about the same dose or number of pills every day → ask E-I
- ☐ take about the same dose or number of pills every other day → ask E-I
- ☐ take a high dose or number of pills for several days, then cut down and stop taking steroids completely → ask D3 and H
- ☐ take about the same dose every day but sometimes take a high dose and then cut down again → ask D3 and E-I
- ☐ take about the same dose every other day but sometimes take a high dose and then cut down again → ask D3 and E-I
- ☐ DK

IF TAPERED DOSE, ASK:

D3. When you took a high dose or number of steroid pills what was the pill size and number of pills you usually took per day?

V1PSTUSE

_____mg per pill

_____pills per day

	Steroids
E. What is the name of the steroid you are using now?	**E. Current name** _____ ☐ ☐ Don't know ☐ Not currently taking
F. What is the usual pill size and usual number of pills per month of steroid you are using now?	**F. Current dose** _____mg per pill _____pills per month ☐ Don't know ☐ Not currently taking
H. FOR ALL WHO EVER TOOK EACH TYPE, ASK: What is the name of the steroid you used the longest?	**H. Name used longest** _____ ☐ ☐ Don't know
I. FOR ALL WHO EVER TOOK EACH TYPE, ASK: What is the pill size and number of pills per month of steroid you used for the longest period of time?	**I. Dose used longest** ☐ Same as current _____mg per pill _____pills per month ☐ Don't know

☐ Call back for missing data

V1STRUSE

V1NSTRYR

15. DURING THE PAST 12 MONTHS, have you taken any medications to help you sleep?

V1SLPMED ☐ Yes ☐ No ☐ Don't know

PLEASE GO TO QUESTION 16

IF YES: a. Write down the name of the medication, pill size, and pills per day you use MOST OFTEN to help you sleep.

name	Clinic Use	pill size (milligrams)	pills per day
_____	___ ___	_____	_____

b. About how often do you usually take medication to help you sleep?

V1SLPFRQ

☐ Every night
☐ At least twice a week but not every night
☐ Once a week
☐ 1 to 3 times a month
☐ Less than once a month
☐ Don't know

16. DURING THE PAST 12 MONTHS, have you taken any medications for anxiety or nerves or to relax muscles?

☐ Yes ☐ No ☐ Don't know

PLEASE GO TO NEXT PAGE

IF YES: a. Write down the name of the medication, pill size, and pills per day you use MOST OFTEN for anxiety and nerves.

V1ANXMED name	Clinic Use	pill size (milligrams)	pills per day
_____	___ ___	_____	_____

b. About how often do you usually take medication for anxiety or nerves?

V1ANXFRQ

☐ Every day
☐ At least twice a week but not every day
☐ Once a week
☐ 1 to 3 times a month
☐ Less than once a month
☐ Don't know

V1BENZ V1LNBNZ V1SHBNZ V1BARB V1SEDHP V1ANTDEP V1ANTDP2 V1ANTDP3 V1ANTHST V1NSAID V1MUSRLX V1NSAHMR V1OTHMED

These questions were asked only at the first annual visit

10/1/87

Annual Interview

MEDICATION CHART

Obtain data on medication use by asking the question and reviewing MEDICATIONS Annual Questionnaire.	Diuretics (Thiazide) every day or almost every day (P. 16, Q. 1)	Diuretics (Non-thiazide: Lasix, Aldactone, Triamterene, Acetazolamide) every day or almost every day. (P. 6, Q. 1)	Thyroid Hormone Pills (P. 16, Q . 2)	Medicine for Seizures (P. 16, Q. 3)
A. Are you currently taking [DRUG TYPE]?	**A. Currently taking?** ☐ Yes ☐ Yes, don't know name ☐ No → ☐ Don't know →	**A. Currently taking?** ☐ Yes ☐ No → ☐ Don't know →	**A. Currently taking?** ☐ Yes ☐ No → ☐ Don't know →	**A. Currently taking?** ☐ Yes ☐ No → ☐ Don't know →
B. What is the name of the [DRUG TYPE] you are currently taking?	**B. Current name** ☐☐ _____ ☐ Don't know	**B. Current name** ☐☐ _____ ☐ Don't know	**B. Current name** ☐☐ _____ ☐ Don't know	**B. Current name** ☐☐ _____ ☐ Don't know
C. What is the pill size and number of pills per day of (NAME) you are currently now?	**C. Current dose** _____mg per pill _____pills per day ☐ Don't know	**C. Current dose** _____mg per pill _____pills per day ☐ Don't know	**C. Current dose** 0. _____ mg per day _____ grains per day ☐ Don't know	**C. Current dose** _____mg per pill _____pills per day ☐ Don't know
	☐ Call back for missing data	☐ Call back for missing data	☐ Call back for missing data	☐ Call back for missing data