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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Exam Bookkeeping

All

Form Type: Clinic Examination

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.

CLINIC USE ONLY

Visit 2 Status

- Clinic Visit
- Questionnaire only
- Postcard only
- Basic Follow up data (Quest. 1-6)

V2TYPE

Type of Residence

- Private residence
- Other (Nursing home, etc.)

Source

- Participant
- Other (relative, friend, staff)
- Both (participant and other)



STUDY OF OSTEOPOROTIC FRACTURES

Second Examination

ID No. _____
 Name Code. _____
 Date _____
 Bone loss: Y N

Blood draw one
 cryotube

Serum: Yes No

White Cells Yes No

V2BL

Osteon V1

V2

V2V1WRST Wrist: R L

R L

V2V1HEEL Heel: R L

R L

V2WRSIDE

V2HLSIDE

V2CATSTD

Cataract surgery since V1 (Q.26)?

Yes → Test vision

No → ID No. ends in 46, 62 or 71?

Yes → Test vision

No → Do not test vision

QDR

Hip: R L Missing

Spine: Complete Missing

UCSF review scans?

Hip: Y N

Spine: Y N

Information for exams

Dominant Side V2DMSID

Right Left Ambidextrous

Height: ___ ft ___ in (____ in)

Weight: _____ lbs

Weakness V2WEAK

Have you had a stroke, injury, or mastectomy that has left one arm or leg weaker or clumsier than the other?

Yes No

Arm: Right Yes No **V2ARMR**

Left Yes No **V2ARML**

Leg: Right Yes No **V2LEGR**

Left Yes No **V2LEGL**

Hip replacement:

None R L

Knee replacement:

None R L

Time of last meal:

_____ AM / PM

Urine collection (Bone Loss)

Time1: ___ hr ___ min

Time2: ___ hr ___ min