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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 2**

#### **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.

## HIP PAIN

**46.** Since you last visited our clinic (about two years ago), have you 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 QUESTION 47

**IF YES:**

a. Do you have the pain in your right hip, left hip, or both hips?

**V2SWHIP** right hip  left hip  both hips

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

**V2SLAHP**  still have it  1 to 2 years ago  
 less than 1 year ago

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

**V2SHSPRD** Yes  No  Don't know

PLEASE GO TO QUESTION d

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

**V2SHIPIL**  the inside of your leg

**V2SHPFL**  the front of your leg

**V2SHPOL**  the outside of your leg

**V2SHPBL**  the back of your leg

**V2SHPOTH**  somewhere else (say where: \_\_\_\_\_)

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

**V2SHSNEZ** Yes  No  Don't know

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

**V2SHREST** Yes  No  Don't know