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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 2**

#### **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**

<p>Obtain data on hormones by asking the questions and reviewing <b>MEDICATIONS</b> Questionnaire.</p>	<p>Estrogens Pills</p>	<p>Estrogen Skin Patches</p>	<p>Estrogen Vaginal Cream or Suppository</p>	<p>Progestins</p>
<p>A. Are you currently taking [DRUG TYPE]?</p>	<p>A. Currently taking?                  Yes <input type="checkbox"/>                  No <input type="checkbox"/>                  Don't know <input type="checkbox"/>  <b>V2ESTCUR</b></p>	<p>A. Currently taking?                  Yes <input type="checkbox"/>                  No <input type="checkbox"/>                  Don't know <input type="checkbox"/>  <b>V2ESKCUR</b></p>	<p>A. Currently taking?                  Yes <input type="checkbox"/>                  No <input type="checkbox"/>                  Don't know <input type="checkbox"/>  <b>V2ECRCUR</b></p>	<p>A. Currently taking?                  Yes <input type="checkbox"/>                  No <input type="checkbox"/>                  Don't know <input type="checkbox"/>  <b>V2PRCUR</b></p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>B. Current name <input type="checkbox"/>                  _____  <input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/>                  _____  <input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/>                  _____  <input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/>                  _____  <input type="checkbox"/> Don't know</p>
<p>C.                  • (Pills) What is the pill size and number of pills per month of (NAME) you are now using?                  • (Patches) What size (dose) do you use and how many days per month do you use it.                  • (Cream) How many times per week are using [Name] now?</p>	<p>C. Current dose                  _____mg per pill                  _____pills per month  <input type="checkbox"/> Don't know</p>	<p>C. Current dose                  _____mg per patch                  _____days per month  <input type="checkbox"/> Don't know</p>	<p>C. Current dose                  _____times used                  _____per week  <input type="checkbox"/> Don't know</p>	<p>C. Current dose                  _____mg per pill                  _____pills per month  <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