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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

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

<p>Obtain data on medication use by asking the question <u>and</u> reviewing MEDICATIONS Questionnaire.</p>	<p>Diuretics (Thiazide) every day or almost every day</p>	<p>Diuretics (Non-thiazide: Lasix, Aldactone, Triamterene, Acetazolamide) every day or almost every day.</p>	<p>Thyroid Hormone Pills</p>
<p>A. Are you currently taking [DRUG TYPE]?</p>	<p>A. Currently taking?</p> <p>Yes <input type="checkbox"/> Yes, don't know name <input type="checkbox"/> No <input type="checkbox"/> Don't know → <input type="checkbox"/></p>	<p>A. Currently taking?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know → <input type="checkbox"/></p>	<p>A. Currently taking?</p> <p>Yes <input type="checkbox"/> V2THYCUR No <input type="checkbox"/> Don't know → <input type="checkbox"/></p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>B. Current name <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Don't know</p>
<p>C. What is the pill size and number of pills per day of (NAME) you are currently taking?</p>	<p>C. Current dose</p> <p>_____mg per pill _____pills per day</p> <p><input type="checkbox"/> Don't know</p>	<p>C. Current dose</p> <p>_____mg per pill _____pills per day</p> <p><input type="checkbox"/> Don't know</p>	<p>C. Current dose</p> <p>0. _____mg per day _____grains per day</p> <p><input type="checkbox"/> Don't know</p>

Call back for missing data

V2THICUR

Call back for missing data

V2NTHCUR

Call back for missing data

MEDICATION CHART

<p>Obtain data on medication use by asking the question <u>and</u> reviewing MEDICATIONS Questionnaire.</p>	<p>Vitamin D/Multi-Vitamins Containing Vitamin D at least once a week</p>	<p>Tums at least once a week</p>	<p>Calcium Supplements at least once a week (Not Tums)</p>
<p>A. Are you currently taking [DRUG TYPE]?</p>	<p>A. Currently taking? <input type="checkbox"/> Yes V2VTDCUR <input type="checkbox"/> No → <input type="checkbox"/> Don't know →</p>	<p>A. Currently taking? <input type="checkbox"/> Yes V2TUMCUR <input type="checkbox"/> No → <input type="checkbox"/> Don't know →</p>	<p>A. Currently taking? <input type="checkbox"/> Yes V2CALCUR <input type="checkbox"/> No → <input type="checkbox"/> Don't know →</p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>Go to next drug type.</p>		<p>B. Current name(s) _____ _____ <input type="checkbox"/> Don't know</p>
<p>C.</p> <ul style="list-style-type: none"> • What size pill of [NAME] are you using now? • How many pills per (day/week) of [NAME] are you using now? • (LIQUID TUMS) How many times per week are you using Tums now? 		<p>C. Current dose _____ Tums pills per week _____ Tums liquid per week <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ mg per pill _____ pills per day _____ mg per pill _____ pills per day <input type="checkbox"/> Don't know</p>

Call back for missing data

Call back for missing data

Call back for missing data

MEDICATION CHART

1/9/89
Visit 2 Interview

<p>Obtain data for steroids by asking the question and reviewing MEDICATIONS Questionnaire.</p>	<p>Prednisone Cortisone or Other Steroid Pills</p>
<p>A. In the past 12 months, have you taken Prednisone, cortisone or other steroid pills? (Optional: Prednisone and cortisone are kinds of steroids.)</p>	<p>A. Past 12 months? <input type="checkbox"/> Yes V2STR12 <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>B. During the past 12 months, about how many months altogether did you take steroid pills? Count only months when you actually used steroid pills.</p>	<p>B. Months taken _____ months <input type="checkbox"/> Don't Know (< 1 year = 0)</p>
<p>E. What is the name of the steroid you used most often during the past 12 months?</p>	<p>E. Name <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Don't know</p>
<p>F. What is the usual pill size and number of pills per month you used during the past 12 months?</p>	<p>F. Dose _____ mg per pill _____ pills per month <input type="checkbox"/> Don't know</p>

C. Which of these statements comes closest to describing the way that participant has taken steroids during periods when she used them in the past year?

PROBE FOR:

V2STRHOW

take about the same dose or number of pills every day

take about the same dose or number of pills every other day

take a high dose or number of pills for several days, then cut down and stop taking steroids completely

take about the same dose every day but sometimes take a high dose and then cut down again to a lower dose

take about the same dose every other day but sometimes take a high dose and then cut down again to a lower dose

DK

IF TAPERED DOSE, (3,4, or 5 inC) ASK:

D. 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?

_____ mg per pill
 _____ pills per day

10. Have you ever taken fluoride pills (usually taken for osteoporosis)?

V2FLEVER

Yes

No

Don't know

PLEASE GO TO QUESTION 11

IF YES:

a. How old were you when you first took fluoride pills?

_____ years old

b. For how many months altogether have you take fluoride pills?

_____ months

11. Have you ever received calcitonin (Calcimar) injections or nasal spray (used for osteoporosis or Paget's disease)?

V2CALCT

Yes

No

Don't know

PLEASE GO TO QUESTION 12

IF YES:

a. How old were you when you first received calcitonin injections?

_____ years old

b. For how many months altogether have you received calcitonin injections?

_____ months

THESE QUESTIONS ARE ABOUT MEDICATIONS YOU HAVE TAKEN IN THE PAST 12 MONTHS.

12. In the past 12 months, have you taken prednisone pills, cortisone pills, or other steroid pills?

Yes

No

Don't know

13. In the past 12 months, have you taken any medications to help you sleep?

V2SLPMED Yes

No

Don't know

PLEASE GO TO QUESTION 14

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

name

Clinic Use

pill size or dose (milligrams)

pills per week (if less than one pill per week, write '0')

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

Every night **V2SLPFRQ**

1 to 3 times a month

At least twice a week but not every night

Less than once a month

Once a week

Don't know

14. In the past 12 months, have you taken any medications for anxiety or nerves or to relax muscles?

V2ANXMED Yes

No

Don't know

PLEASE GO TO NEXT PAGE

IF YES: a. Write down the name of the medication, pill size or dose, and pills per week you use MOST OFTEN for anxiety and nerves or to relax muscles.

name

Clinic Use

pill size or dose (milligrams)

pills per week (if less than one pill per week, write '0')

b. About how often do you usually take medication for anxiety or nerves or to relax muscle? **V2ANXFRQ**

Every day

1 to 3 times a month

At least twice a week but not every day

Less than once a month

Once a week

Don't know

ARTHRITIS, HEADACHE AND PAIN MEDICATIONS

15. Look at this list of medications for pain, arthritis, headaches, and other discomforts:

ASPIRIN
ASPIRIN PLUS CODEINE
ANACIN
ASCRIPTIN
BUFFERIN
ANOTHER ASPIRIN PRODUCT

a. In the past 12 months, have you taken any of these at least once a week?
(It does not have to be the same one every week.)

V2ASP12 Yes

No

Don't know

PLEASE GO TO QUESTION b

IF YES, about how many days per week, on average, did you take one of these medications?

5-7 days

1-4 days

don't know

V2ASFRQ

b. Have you ever taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day.)

Yes

V2ASPEVR

No

Don't know

PLEASE GO TO QUESTION 16

IF YES, for how many years did you take one of these every day or almost every day?

_____ years **V2NASPYR**

ARTHRITIS, HEADACHE AND PAIN MEDICATIONS

16. Look at this list of medications for pain, arthritis, headaches, and other discomforts:

TYLENOL
TYLENOL PLUS CODEINE
ANACIN III
NO ASPIRIN
ACETOMINOPHEN
ANOTHER ASPIRIN SUBSTITUTE

a. In the past 12 months, have you taken any of these at least once a week?
(It does not have to be the same one every week.)

Yes

V2TYL12

No

Don't know

PLEASE GO TO QUESTION b

IF YES, about how many days per week, on average, did you take one of these medications?

V2TYLFRQ

- 5-7 days
 1-4 days
 don't know

b. Have you ever taken any of the medications on this list every day or almost every day for a year or longer? (It does not have to be the same one every day.)

Yes

V2TYLEVR

No

Don't know

PLEASE GO TO QUESTION 17

IF YES, for how many years did you take one of these every day or almost every day?

_____ years

V2NTYLYR

