



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Physical Function

Driving

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.

43. Do you have any difficulty getting in and out of the front seat of an automobile?

Yes No I don't do it

PLEASE GO TO QUESTION 44

IF YES, how much difficulty do you have doing this?

some difficulty
 much difficulty
 unable to do it

Clinic use:
Y
N
DK

44. Do you have any difficulty standing or being on your feet for about 2 hours?

Yes No I don't do it

PLEASE GO TO QUESTION 45

IF YES, how much difficulty do you have doing this?

some difficulty
 much difficulty
 unable to do it

Clinic use:
Y
N
DK

45. Have you driven a car in the past 12 months?

V2DR12 Yes No

PLEASE GO TO QUESTION 46

IF YES, on average, about how miles do you drive per week?

_____ miles per week. **V2MILE**

0 = less than one mile a week