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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Physical Function

Functional Status

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.

Functional Status Calculated Variables

The questions consist of 3 parts (except for Visit 1 where A & B combined)

A: By yourself and without using special aids or equipment: Do you have any difficulty doing ... activity

B: If yes (to A variable) or doesn't do: is difficulty due to health or physical problem?

C: If yes (to A variable) or doesn't do: by yourself, and without using special aids, how much difficulty do you have? None, some, much, unable.

Variable naming convention: V#varA, V#varB, V#varC, V#var1, V#varR1, V#var2

V# for visit

Var for activity: Wlk, Clb, Stp, etc.

A B or C questions on forms

To calculate summary index variable, 3 intermediate variables are calculated: V#var1 V#varR1 V#var2.

V#var1 Recoded : Can you do activity? Y/N

V#varR1 Recoded used for summary1: Do you have difficulty? Y/N, inverse of V#var1

V#var2 Recoded used for summary2: Degree of difficulty?

V#var1 and V#varR1 coding:

Any difficulty?	Due to health or physical problem?	How much difficulty?	New var: Can do it	New var: have difficulty doing it	Comments
V#varA	V#varB	V#varC	V#var1	V#varR1	
No	any value	any value	Yes	No	no difficulty
Yes	any value	not missing	No	Yes	yes difficulty
Yes	any value	don't know	.K	.K	so will agree with index 2
Yes	any value	missing	.A	.A	so will agree with index 2
Doesn't do	No	any value	Yes	No	doesn't do for other reasons
Doesn't do	Yes	any value	No	Yes	yes difficulty
Doesn't do	don't know	not missing	No	Yes	yes difficulty
Doesn't do	don't know	missing	.K	.K	missing
Doesn't do	missing	missing	.A	.A	missing
missing	missing	missing	.A	.A	missing

V#var2 coding

Any difficulty?	Due to health or physical problem?	How much difficulty?	New var: level of difficulty		Comments
V#varA	V#varB	V#varC	V#var2		
No	any value	any value	None		None
Yes	any value	Some	Some		Some
Yes	any value	Much	Much		Much
Yes	any value	Unable	Unable		Unable
Yes	any value	don't know	.K		don't know level of difficulty
Yes	any value	missing	.A		missing difficulty
Doesn't do	No	any value	None		doesn't do for other reasons
Doesn't do	Yes	any value	Unable		unable due to health/physical
Doesn't do	don't know	missing	.K		missing
Doesn't do	missing	missing	.A		missing
missing	missing	missing	.A		missing

A 5-variable and 6-variable pair of summary variables are created.

Summary index 1: Sum of 5 or 6 V#varR1 variables.

Summary index 2: Sum of 5 or 6 V#var2 variables.

The naming convention is V#fxst51 and v#fxst52 or V#fxst61 and V#fxst62.

The 5-variables are coded:

V#wlkR1 + V#clbR1 + V#ckR1 + V#hhR1 + V#shR1

Where all 5 variables have to be non-missing or if 4 of 5 are non-missing, the sum is standardized to 5 (e.g. * 5/4)

V#wlk2 + V#clb2 + V#ck2 + V#hh2 + V#sh2

Where all 5 variables have to be non-missing or if 4 of 5 are non-missing, the sum is standardized to 5 (e.g. * 15/12)

The 6-variables are coded:

V#wlkR1 + V#clbR1 + V#ckR1 + V#hhR1 + V#shR1 + V#stpR1

Where all 6 variables have to be non-missing or if 5 of 6 are non-missing, the sum is standardized to 6 (e.g. * 6/5)

V#wlk2 + V#clb2 + V#ck2 + V#hh2 + V#sh2 + V#stp2

Where all 6 variables have to be non-missing or if 5 of 6 are non-missing, the sum is standardized to 6 (e.g. * 18/15)

- Wlk: Do you have any difficulty walking 2 or 3 blocks outside on level ground?
Clb: Do you have any difficulty climbing up 10 steps without stopping/resting?
Ck: Do you have any difficulty preparing your own meals? Is difficulty due to health or physical problem or fear of falling?
Hh: Do you have any difficulty doing heavy housework (like scrubbing floors or washing windows)?
Sh: Do you have any difficulty doing your own shopping for groceries or clothes?
Stp: Do you have any difficulty walking down 10 steps?

V#var1 V#varR1 V#var2 are also calculated for other functional status variables that are not used for summary index variables.

FUNCTIONAL STATUS

These questions are about how well you are able to do certain activities -- by yourself and without using any special aids.

	1. Walking 2 or 3 blocks outside on level ground?	2. Climbing up 10 steps without resting?	3. Preparing your own meals?	4. Doing heavy housework (like scrubbing floors or washing windows)?	5. Doing other chores around the house (like vacuuming, sweeping, dusting or straightening up)?	6. Doing your own shopping for groceries or clothes?
a. Do you have <u>ANY</u> difficulty [activity]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do
ASK b FOR EACH ACTIVITY MARKED 1 or 3 ABOVE. b. Is your (difficulty with /inability to do) this [activity] due to a health or physical problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
ASK c-d FOR EACH ACTIVITY MARKED 1 in b <hr/> <hr/> c. By yourself, and without using aids, how much difficulty do you have [activity]? Would you say?	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know	(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know
d. Do you usually receive help from another person when [activity]?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	V2WLKR1	V2CLBR1	V2CKR1	V2HHR1	V2CHR1	V2SHR1
	V2WLK1	V2CLB1	V2CK1	V2HH1	V2CH1	V2SH1
	V2WLK2	V2CLB2	V2CK2	V2HH2	V2CH2	V2SH2

FUNCTIONAL STATUS

These questions are about how well you are able to do certain activities -- by yourself and without using any special aids.

<p>a. Do you have ANY difficulty [activity]?</p>	<p>7. Dressing yourself including tying shoe-laces, working zip-pers and doing buttons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>	<p>8. Getting in or out of bed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>	<p>9. Lifting a full cup or glass to your mouth?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>	<p>10. Washing and drying your entire body?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>	<p>11. Bending down to pick up clothing from the floor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>	<p>12. Turning faucets on and off?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do</p>
<p>ASK b FOR EACH ACTIVITY MARKED 1 or 3 ABOVE.</p> <p>b. Is your (difficulty with /inability to do) [activity] due to a health or physical problem?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>ASK c-d FOR EACH ACTIVITY MARKED 1 in b</p> <p>c. By yourself, and without using aids, how much difficulty do you have [activity]? Would you say?</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>	<p>(<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know</p>
<p>d. Do you usually receive help from another person when [activity]?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

V2DRR1

V2BEDR1

V2WSHR1

V2DR1

V2BED1

V2WSH1

V2DR2

V2BED2

V2WSH2

FUNCTIONAL STATUS

These questions are about how well you are able to do certain activities -- by yourself and without using any special aids.

	13. Getting in and out of a car?
a. Do you have <u>ANY</u> difficulty [activity]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do
ASK b FOR EACH ACTIVITY MARKED 1 or 3 ABOVE. b. Is your (difficulty with /inability to do) [activity] due to a health or physical problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
ASK c-d FOR EACH ACTIVITY MARKED <u>1</u> in b c. By yourself, and without using aids, how much difficulty do you have [activity]? Would you say?	<input type="checkbox"/> no difficulty) <input type="checkbox"/> some difficulty <input type="checkbox"/> much difficulty <input type="checkbox"/> or are you unable to do it? <input type="checkbox"/> don't know
d. Do you usually receive help from another person when [activity]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V2FXST51

V2FXST52

Do you use any of the following aids or devices to help you with any of these activities?

a) Cane Yes No

b) Walker Yes No

c) Crutches Yes No

d) Wheelchair Yes No

e) Special or built up chair Yes No

f) Devices for dressing like button hooks, zipper pulls, etc. Yes No

g) Jar opener for previously opened jars Yes No

h) Special eating utensils Yes No

i) Long-handled appliance for reach Yes No

j) Bathtub seat or bar Yes No

k) Raised toilet seat Yes No

l) Long-handled appliances in bathroom Yes No