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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Quality of Life

Geriatric Depression Scale

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.

MOOD IN PAST WEEK

CHOOSE THE BEST ANSWER FOR HOW YOU FELT OVER THE PAST WEEK

1. Are you basically satisfied with your life? Yes No
2. Have you dropped many of your activities and interests? Yes No
3. Do you feel that your life is empty? Yes No
4. Do you often get bored? Yes No
5. Are you in good spirits most of the time? Yes No
6. Are you afraid that something bad is going to happen to you? Yes No
7. Do you feel happy most of the time? Yes No
8. Do you often feel helpless? Yes No
9. Do you prefer to stay at home, rather than going out and doing new things? Yes No
10. Do you feel you have more problems with memory than most? Yes No
11. Do you think it is wonderful to be alive now? Yes No
12. Do you feel pretty worthless the way you are now? Yes No
13. Do you feel full of energy? Yes No
14. Do you feel that your situation is hopeless? Yes No
15. Do you think that most people are better off than you are? Yes No

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