



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Quality of Life

Social Network and Support, Living
Arrangement

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.

Social Network and Support

1. What is your current marital status? (MARK ONE BOX.)

V2MARRY

- | | | | |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Married | <input type="checkbox"/> | Divorced |
| <input type="checkbox"/> | Widowed | <input type="checkbox"/> | Never Married |
| <input type="checkbox"/> | Separated | | |

2. Do you live alone or do you live with someone (for example, with husband, relative or friends)?

V2LIVE

- | | | | |
|--------------------------|--------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Live alone | <input type="checkbox"/> | Live with spouse |
| <input type="checkbox"/> | Live with relatives or friends | <input type="checkbox"/> | Live with someone else |

3. About how many relatives do you see or hear from at least once a month? (Include children, inlaws, etc.)

V2REL

about _____ relatives

4. For the one relative that you see or hear from the most, how often do you see or hear from that person?

V2RELM

- | | | | |
|--------------------------|------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | less than once a month | <input type="checkbox"/> | about every week |
| <input type="checkbox"/> | about once a month | <input type="checkbox"/> | a few times a week |
| <input type="checkbox"/> | 2-3 times a month | <input type="checkbox"/> | almost every day |

5. About how many relatives do you feel close to, feel at ease with, can talk to about private matters, and can call on for help?

V2RELN

about _____ relatives

6. About how many friends do you have that you feel close to, feel at ease with, **V2FRD** can talk to about private matters, or can call on for help?

about _____ friends

7. About how many of these friends do you see or hear from at least once **V2FRDN** a month?

about _____ friends

8. For the one friend that you see or hear from the most, how often do you see or hear from that person?

V2FRDM

- | | |
|---|---|
| <input type="checkbox"/> less than once a month | <input type="checkbox"/> about every week |
| <input type="checkbox"/> about once a month | <input type="checkbox"/> a few times a week |
| <input type="checkbox"/> 2-3 times a month | <input type="checkbox"/> almost every day |

9. When you have an important decision to make, do you have someone you can talk to about it?

V2IMP

- Always or very often Sometimes Seldom Never

10. When other people you know have an important decision to make, do they talk to you about it?
V2DEC

- Always or very often Sometimes Seldom Never

11. Does anybody rely on you to do something for them each day, like shopping, cooking, cleaning, repairs, child care, etc?
V2RELY

Yes

No



IF NO, do you help anybody with things like shopping, house cleaning, cooking, providing child care, filling out forms, etc?

- Always or very often
 Sometimes
 Seldom
 Never

V2HELP

V2SOCNET

V2INTRDP

V2FAMNET

V2FRDNET