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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Vision

Vision History

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.

SINCE YOU LAST VISITED OUR CLINIC (ABOUT 2 YEARS AGO):

26. Have you had surgery for cataracts?

V2CATSG

Yes

No

Don't know

PLEASE GO TO QUESTION 27

IF YES,

a. Which eye(s) had surgery?

V2SGEYE

right eye

left eye

What date(s)

date: _____ / _____ / _____
 month year

date: _____ / _____ / _____
 month year

b. Did you have a new lens inserted as part of this surgery?

V2LENS Yes No Don't know

27. Have you spent more than seven days in a row in bed most or all of the time?

Yes

No

Don't know

PLEASE GO TO QUESTION 28

IF YES:

a. In the past 2 years, what was the most number of days in a row that you spent in bed most or all of the time?

_____ days in a row.

b. How many days in total over the past 2 years did you spend in bed most or all of the day?

_____ days in total.