



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Exam Bookkeeping

All

Form Type: Clinic Examination

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.

CLINIC USE ONLY

Visit 3 Status

- Clinic Visit
- Questionnaire only
- Postcard only
- Basic Follow up data (Quest. 1-6)

V3TYPE

Type of Residence

- Private residence
- Other (Nursing home, etc.)

Source

- Participant
- Other (relative, friend, staff)
- Both (participant and other)

Third annual visit only?

- Yes
- No

STUDY OF OSTEOPOROTIC FRACTURES

Third Examination

ID No. _____

Nme Code. _____

Date _____

Densitometry

Lat Spine: Complete Missing

AP Spine: Complete Missing

V2 Hip: R L Missing

V3 Hip: Complete Missing

UCSF review scans?

Hip: Y N

Spine: Y N

Spine Xrays

Completed

Pending

Refused

Information for exams

Dominant Side **V3DMSID**

Right Left Ambidextrous

Weakness **V3WEAK**

Have you had a stroke, injury, or mastectomy that has left one arm or leg weaker or clumsier than the other?

Yes No

↓
Arm: Right Yes No **V3ARMR**

Left Yes No **V3ARML**

Leg: Right Yes No **V3LEGR**

Left Yes No **V3LEGL**

Missing data from V2

Quad strength: missing have

Reaction time: missing have

Flexicurve from V2?

Yes No