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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medications

Hormones

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.

HORMONE CHART

Visit 3 Interview

<p>Obtain data on hormones by asking the questions and reviewing MEDICATIONS Questionnaire.</p>	<p align="center">Estrogens Pills</p>	<p align="center">Estrogen Skin Patches</p>	<p align="center">Estrogen Vaginal Cream or Suppository</p>	<p align="center">Progestins</p>
<p>A. In the past 30 days have you taken [DRUG TYPE]?</p>	<p>A. Currently taking? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> → V3ESTCUR</p> <p>B. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p>	<p>A. Currently taking? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> → V3ESKCUR</p> <p>B. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p>	<p>A. Currently taking? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> → V3ECCUR</p> <p>B. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p>	<p>A. Currently taking? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> → V3PRCUR</p> <p>B. Current name <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know</p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>C. Current dose _____ mg per pill _____ pills per month <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ mg per patch _____ days per month <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ times used per week ^{>7=7} <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ mg per pill _____ pills per month <input type="checkbox"/> Don't know</p>
<p>C. • (Pills) What is the pill size and number of pills per month of (NAME) you are now using? • (Patches) What size (dose) do you use and how many days per month do you use it. • (Cream) How many times per week are using [Name] now?</p>	<p><input type="checkbox"/> Call back for missing data</p>	<p><input type="checkbox"/> Call back for missing data</p>	<p><input type="checkbox"/> Call back for missing data</p>	<p><input type="checkbox"/> Call back for missing data</p>

V3OESUSE

ESTROGEN USE

If you have ever taken estrogen pills or female hormone pills (not birth control pills, or pills taken during pregnancy) please answer questions 14a, and b.

14a. What were the primary reason(s) why you took estrogen or female hormone pills?
(Check no more than two)

V3YESVAG

Vaginal dryness

To regulate periods

V3YESPDS

V3YESHOT

Hot flashes and night sweats

To prevent heart disease

V3YESCHD

V3YESBLD

To control bleeding

Depression, mood swing

V3YESDPR

V3YESOSP

To prevent or treat osteoporosis or bone loss

My doctor prescribed it

V3YESDOC

V3YESHYS

Hysterectomy

Other: _____

V3YESOTH

14b. What were the primary reason(s) your doctor prescribed estrogen or female hormone pills? (Check no more than two)

V3DRVAG

Vaginal dryness

To regulate periods

V3DRPDS

V3DRHOT

Hot flashes and night sweats

To prevent heart disease

V3DRCHD

V3DRBLD

To control bleeding

Depression, mood swing

V3DRDPR

V3DROSP

To prevent or treat osteoporosis or bone loss

I requested it

V3DRYOU

V3DRHYS

Hysterectomy

Other: _____

V3DROTH

If you have used estrogen pills or female hormone pills in the past but are not taking them now, please answer questions 15.

15. What was the primary reason you stopped taking estrogen or female hormone pills?

V3RPSTP

- Second opinion from another doctor
- I felt I didn't need it
- I thought the medication might be harmful
- The cost of the medication wasn't worth it
- I developed a new health problem
- I had undesirable side effects from the medication:
(Check all that apply.)

		Yes	No
V3STPWTG	a. weight gain	<input type="checkbox"/>	<input type="checkbox"/>
V3STPBLD	b. bleeding	<input type="checkbox"/>	<input type="checkbox"/>
V3STPBRL	c. breast lumps	<input type="checkbox"/>	<input type="checkbox"/>
V3STPBRT	d. breast tenderness	<input type="checkbox"/>	<input type="checkbox"/>
V3STPDPR	e. depression/mood swings	<input type="checkbox"/>	<input type="checkbox"/>
V3STPFLU	f. flu like symptoms	<input type="checkbox"/>	<input type="checkbox"/>
V3STPHAC	g. headache	<input type="checkbox"/>	<input type="checkbox"/>
V3STPOTH	h. other, (please specify)	<input type="checkbox"/>	<input type="checkbox"/>



Other: (Please specify) _____

If you have never taken estrogen pills or female hormone pills please answer question 16.

16. Has a doctor ever recommended estrogen or female hormone pills for you?

V3DRECES

Yes

No

Don't know

GO TO QUESTION 17

IF YES,

a. What were the primary reason(s) you doctor recommended hormone replacement therapy? (Check no more than two.)

V3RECVAG

Vaginal dryness

To regulate periods

V3RECPDS

V3RECHOT

Hot flashes and night sweats

To prevent heart disease

V3RECCHD

V3RECBLD

To control bleeding

Depression, mood swing

V3RECDPR

V3RECOSP

To prevent or treat osteoporosis or bone loss

Other:

V3RECOTH

V3RECHYS

Hysterectomy

b. Why did you choose not to take estrogen?

V3NOEST

Second opinion from another doctor

I felt I didn't need it

I thought the medication might be harmful

The cost of the medication wasn't worth it

Health was poor

Other: (Please specify) _____
