



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medications

Specific Medications

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.

MEDICATION CHART

<p>Obtain data on medication use by asking the question and reviewing MEDICATIONS Questionnaire.</p>	<p>Diuretics (Thiazide) every day or almost every day</p>	<p>Diuretics (Non-thiazide: Lasix, Aldactone, Triamterene, Acetazolamide) every day or almost every day.</p>	<p>Thyroid Hormone Pills</p>
<p>A. In the past 30 days have you taken [DRUG TYPE]?</p>	<p>A. Currently taking? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, don't know name <input type="checkbox"/> No <input type="checkbox"/> Don't know →</p>	<p>A. Currently taking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know →</p>	<p>A. Currently taking? <input type="checkbox"/> Yes V3THYCUR <input type="checkbox"/> No → <input type="checkbox"/> Don't know →</p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>B. Current name <input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> Don't know</p>	<p>B. Current name <input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> Don't know</p>
<p>C. What is the pill size and number of pills per day of (NAME) you are currently taking?</p>	<p>C. Current dose _____mg per pill _____pills per day <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____mg per pill _____pills per day <input type="checkbox"/> Don't know</p>	<p>C. Current dose 0. _____ mg per day _____ grains per day <input type="checkbox"/> Don't know</p>

Call back for missing data

V3THICUR

Call back for missing data

V3NTHCUR

Call back for missing data

MEDICATION CHART

<p>Obtain data on medication use by asking the question and reviewing MEDICATIONS Questionnaire.</p>	<p>Vitamin D/Multi-Vitamins Containing Vitamin D at least once a week</p>	<p>Calcium Supplements at least once a week (Not Tums)</p>	<p>Tums at least once a week</p>	<p>Other antacids with calcium (Alka-Mints, Alkets, Sodium Free Roloids, Calcium Rich Roloids, Digel tablets, Dicarbonsil, Tempo, Titratic)</p>
<p>A. In the past 30 days have you taken [DRUG TYPE]?</p>	<p>A. Currently taking? Yes <input type="checkbox"/> V3VTDCUR No <input type="checkbox"/> → Don't know → <input type="checkbox"/></p>	<p>A. Currently taking? Yes <input type="checkbox"/> V3CALCUR No <input type="checkbox"/> → Don't know → <input type="checkbox"/></p>	<p>A. Currently taking? Yes <input type="checkbox"/> V3TUMCUR No <input type="checkbox"/> → Don't know → <input type="checkbox"/></p>	<p>A. Currently taking? Yes <input type="checkbox"/> V3ANTCUR No <input type="checkbox"/> → Don't know → <input type="checkbox"/></p>
<p>B. What is the name of the [DRUG TYPE] you are currently taking?</p>	<p>Go to next drug type.</p>	<p>B. Current name(s) _____ _____ <input type="checkbox"/> Don't know</p>	<p>B. Current name(s) _____ _____ <input type="checkbox"/> Don't know</p>	<p>B. Current name(s) _____ _____ <input type="checkbox"/> Don't know</p>
<p>C. • What size pill of [NAME] are you using now? • How many pills per (day/week) of [NAME] are you using now? • (LIQUID TUMS) How many times per week are you using Tums now?</p>	<p>C. Current dose _____ mg per pill _____ pills per day _____ mg per pill _____ pills per day <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ Tums pills per week _____ Tums liquid per week _____ Tums EX pills per week <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ Pills per week _____ Pills per week <input type="checkbox"/> Don't know</p>	<p>C. Current dose _____ Pills per week _____ Pills per week <input type="checkbox"/> Don't know</p>

Call back for missing data

Call back for missing data

Call back for missing data

Call back for missing data

MEDICATION CHART

1/1/91
Visit 3 Interview

<p>Obtain data for steroids by asking the question and reviewing MEDICATIONS Questionnaire.</p>	<p>Prednisone Cortisone or Other Steroid Pills</p>
<p>A. In the past 12 months, have you taken Prednisone, cortisone or other steroid pills? (Optional: Prednisone and cortisone are kinds of steroids.)</p>	<p>A. Past 12 months? <input type="checkbox"/> Yes V3STR12 <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>B. During the past 12 months, about how many months altogether did you take steroid pills? Count only months when you actually used steroid pills.</p>	<p>B. Months taken _____ months <input type="checkbox"/> Don't Know (< 1 year = 0)</p>
<p>E. What is the name of the steroid you used most often during the past 12 months?</p>	<p>E. Name <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Don't know</p>
<p>F. What is the usual pill size and number of pills per month you used during the past 12 months?</p>	<p>F. Dose _____ mg per pill _____ pills per month <input type="checkbox"/> Don't know</p>

C. Which of these statements comes closest to describing the way that participant has taken steroids during periods when she used them in the past year?

PROBE FOR:

V3STRHOW

a. every day vs every other day
 b. same number of pill per day vs high dose, then cut down
 c. continue taking after tapered dose vs stop completely after tapered dose

take about the same dose or number of pills every day

take about the same dose or number of pills every other day

take a high dose or number of pills for several days, then cut down and stop taking steroids completely

take about the same dose every day but sometimes take a high dose and then cut down again to a lower dose

take about the same dose every other day but sometimes take a high dose and then cut down again to a lower dose

DK

IF TAPERED DOSE, (3,4, or 5 inC) ASK:

D. When you took a high dose or number of steroid pills what was the pill size and number of pills you usually took per day?

_____ mg per pill
 _____ pills per day

17. IN THE PAST 12 MONTHS, have you taken prednisone pills, cortisone pills, or other steroid pills?

Yes No Don't know

PLEASE GO TO QUESTION 18

Steroid Name	Pill Size (milligrams)	Number of pills per month	Number of months taken in the past year
_____	_____	_____	_____

18. HAVE YOU EVER TAKEN fluoride (sodium fluoride) pills for osteoporosis?

V3FLEVER Yes No Don't know

PLEASE GO TO QUESTION 19

IF YES, are you currently taking fluoride pills for osteoporosis?

Yes No Don't know **V3FLOR**

19. HAVE YOU EVER TAKEN calcitonin (Calcimar) injections, shots, or nasal spray for osteoporosis or Paget's disease?

V3CALCT Yes No Don't know

20. HAVE YOU EVER TAKEN etidronate or Didronel, sometimes given to persons with osteoporosis or Paget's disease?

V3ETID Yes No Don't know

MEDICATIONS

IN THE PAST 30 DAYS (3rd Annual: In the past 12 months), have you taken:

1. Any medication to help you sleep (3rd Annual: At least once a month)?

V3SLPMED

Yes

No

Don't know

PLEASE GO TO QUESTION 2

IF YES: a. Write down the name of the medication, pill size or dose, and pills per week you use MOST OFTEN to help you sleep.

name

Clinic
Use

pill size or dose
(milligrams)

pills per week
(if less than one pill
per week, write '0')

b. About how often do you usually take medication to help you sleep?

Every night

V3SLPFRQ

Less than once a week

At least twice a week
but not every night

Other _____

Once a week

Don't know

2. Any medication for anxiety or nerves or to relax muscles (3rd Annual: At least once a month)?

V3ANXMED

Yes

No

Don't know

PLEASE GO TO QUESTION 3

IF YES: a. Write down the name of the medication, pill size or dose, and pills per week you use MOST OFTEN for anxiety and nerves or to relax muscles.

name

Clinic
Use

pill size or dose
(milligrams)

pills per week
(if less than one pill
per week, write '0')

b. About how often do you usually take medication for anxiety or nerves or to relax muscle?

Every day

V3ANXFRQ

Less than once a week

At least twice a week
but not every day

Other _____

Once a week

Don't know

IN THE PAST 30 DAYS, HAVE YOU TAKEN:

3. Have you taken medication prescribed by a Doctor for depression or sadness?

V3DEPMED

Yes

No

Don't know

PLEASE GO TO QUESTION 4

IF YES: a. Write down the name of the medication, pill size or dose, and pills per week you use MOST OFTEN for depression or sadness.

name

Clinic
Use

pill size or dose
(milligrams)

pills per week
(if less than one pill
per week, write '0')

b. About how often do you usually take medication for depression or sadness?

V3DEPFRQ

Every day

Less than once a week

At least twice a week
but not every day

Other _____

Once a week

Don't know

4. Diuretics or water pills every day or almost every day for high blood pressure or any other reason?

Yes

No

Don't know

PLEASE GO TO QUESTION 5

Diuretic Name

Pill Size (milligrams)

Number of
pills per day

These questions were asked only at the third annual visit.

HAVE YOU EVER TAKEN:

13. Fluoride (sodium fluoride) pills for osteoporosis?

Yes No Don't know

↓ ↓ ↓

PLEASE GO TO QUESTION 14

IF YES, are you currently taking fluoride pills for osteoporosis?

Yes No Don't know

14. Calcitonin (Calcimar) injections, shots, or nasal spray for osteoporosis or Paget's disease?

Yes No Don't know

15. Cimetidine, or Tagamet, sometimes prescribe for stomach ulcers or stomach troubles?

V3CIMEV

Yes No Don't know

↓ ↓ ↓

PLEASE GO TO QUESTION 16

IF YES,

a. Are you currently taking cimetidine (Tagament)? V3CIMCU

Yes No Don't know

b. Have you ever taken cimetidine (Tagament) every day or almost every day for at least one year?

Yes No Don't know

↓

For how many years? _____ years