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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Physical Function

Driving

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.

22. Do you have any difficulty getting up out of a chair?

Yes No I don't do it

GO TO QUESTION 23

a. **IF YES**, how much difficulty do you have doing this?

some difficulty
 much difficulty
 unable to do it

} Answer b →

b. Is this because of back pain or back problems?

Yes
 No
 Don't know

23. Have you driven a car in the past 12 months?

V3DR12

Yes No

PLEASE GO TO NEXT PAGE, MEDICATION SECTION

IF YES, on average, about how miles do you drive per week?

_____ miles per week. **V3MILE**

0 = less than one mile a week

PLEASE GO TO NEXT PAGE, MEDICATION SECTION