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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

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 4 Status **V4TYPE**

- Clinic Visit
- Questionnaire only
- Home/Nursing home Visit
- Minimal Data: Questions 1-6, 8 and 17

Source **V4SOURC**

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

STUDY OF OSTEOPOROTIC FRACTURES

Fourth Examination

SUBSETS

V2 Bone loss cohort

Yes No

V4V2BON ↓

If yes, test forearm SXA
and AP spine QDR

V4 Performance Cohort

Yes No

V4PERFC ↓

If yes, perform extra tests

V4 Body Composition Cohort

Yes No

V4BODYC ↓

If yes, perform extra tests

PPT ID _____

Name Code _____

Date _____

FIT ID _____

Information for exams

Dominant Side **V4DMSID**

Right Left Ambidextrous

Fracture/Injury

In the past 3 months, have you had a fracture or injury in the leg, ankle, or foot that has reduced your weight bearing activity?

Yes No **V4WTBER**

Right Yes No **V4WTBERR**

Left Yes No **V4WTBERL**

Specimens

Serum for Ca 45:

- complete refused
 ineligible
 randomly excluded
 unable ->(explain in comments)

Serum for BRI:

- complete refused
 unable -> (explain in comments)

Urine:

- complete refused
 unable -> (explain in comments)

SOF Visit 4

Body Composition Cohort

SOF ID: _____

Name code: _____

Date: _____

All following measurements must be complete to be counted as a BCC participant.

BCC Exams Performed

Bioelectrical Impedance

Complete Refused Unable ➔ *(explain in comments)*

Circumferences

Waist Complete Refused Unable ➔ *(explain in comments)*

Abdomen Complete Refused Unable ➔ *(explain in comments)*

Hip Complete Refused Unable ➔ *(explain in comments)*

Body Composition on QDR 2000

Complete Refused Unable ➔ *(explain in comments)*

STUDY OF OSTEOPOROTIC FRACTURES

Fourth Examination Home Visit

Clinic Visit

Home Visit

PPT ID _____

Date **V4HOMEV** _____

Name Code _____

FIT ID _____

V4BEGAP

Time home visit began: ____ : ____ : ____ am
 pm

V4CMPAP

Time home visit completed: ____ : ____ : ____ am
 pm

Information for home visit exams

Dominant Side

Right Left Ambidextrous

Fracture/Injury

In the past 3 months, have you had a fracture or injury in the leg, ankle, or foot that has reduced your weight bearing activity?

Yes No

Right Yes No

Left Yes No

Specimens

Serum for BRI:

complete

time drawn ____ : ____ : ____ am
 pm

time processed ____ : ____ : ____ am
 pm

refused unable (explain in comments)

Urine:

complete refused

unable (explain in comments)

7/13/93

ver.hv 4.1

Additional Densitometry Data Sheet
(V2 Bone Loss Cohort)

PPT. ID: _____

QDR: AP Spine

Completed

Refused

Osteon: Radius

Side scanned at baseline:

Right

Left

V4V1WRST

Side scanned at V4: **V4WRSIDE**

Right

Left

Refused

If V4 side is different than side scanned at baseline record reason.

Fracture

Hardware

Other: Specify: _____

V4WRSIDIF

Distal radius

___ • ___ ___ gm/cm **V4DSTBMC**

V4DSTBMD

___ • ___ ___ cm (width) **V4DSTCM**

Proximal radius

___ • ___ ___ gm/cm **V4PRXBMC**

V4PRXBMD

___ • ___ ___ cm (width) **V4PRXCM**

Did you experience any problems while taking this scan?

Yes → (explain in comments)

No

V4RADPRB

QDR 1000: Hip

Side scanned at V2 (or V3): Right Left Refused

Side scanned at V4: Right Left Refused

If V4 side is different than side scanned at V2 (or V3) record reason.
 Fracture
 Hip replacement **V4HIPDIF**
 Other: Specify: _____

Osteon: Calcaneus

Side scanned at baseline: Right Left **V4V1HEEL**

Side scanned at V4: **V4HLSIDE** Right Left Refused

If V4 side is different than side scanned at baseline record reason.
 Fracture
 Hardware **V4HLDIF**
 Other: Specify: _____

V4OSBMC
BMC _____ gm Area **V4OSAREA** _____ cm²
V4OSBMD

Ultrasound:

(scan same side as osteon)

Side scanned: Right Left Refused

Scan 1: _____ units

Scan 2: _____ units

If scan 1 and 2 differ by more than 10 units, repeat scan.

Scan 3: _____ units

Scan 4: _____ units (if necessary)

Urine Specimen Form

Time Specimen collected: _____ : _____ am
 pm

Was participant fasting?
(considered 5 hours) Yes No Don't Know

What void was this? 1st 2nd >2nd

Digit Symbol and Urine Specimen Form

DIGIT SYMBOL TASK

- Sample completed Unable to complete sample Refused Unable to test (arthritis, poor vision, etc.)

Score zeros

Score:

Number Completed ___ ___

Number Incorrect ___ ___

Time Specimen collected: ___ : ___ am

- pm

Was participant fasting?
(considered 5 hours)

- Yes No Don't Know

What void was this?

- 1st 2nd >2nd