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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Lab Data

Calcium 45 History and Lab Data

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.

1. Have you had nausea, vomiting or diarrhea in the last 48 hours?

V4NAU45

Yes No Don't know



If yes, skip calcium history and exam

2. Did you consume 1 or more alcoholic drinks in the past 24 hours?

V4ALC45

Yes No Don't know



If yes, describe: _____

3. Did you take any type of calcium supplement, such as Tums or Os Cal in the past 12 hours?

V4CASU45

Yes No Don't know



If yes, describe: _____

4. Have you had anything to eat or drink within the last 5 hours?

V4EAT45

Yes No Don't know



If yes, describe: _____

V4CA45IN

Ca 45 Lab Data

5. Did the participant eat anything after her meal and before her blood draw?

V4EAT452

Yes No Don't know



If yes, describe: _____

6. Did the participant drink anything, including water, after her meal and before her blood draw?

V4WAT45

Yes No Don't know



If yes, describe: _____

7. Calcium 45 Absorption Values*

Fractional Absorption 0 . **V4FXABS** _____ units

Serum calcium _____ **V4CASER** _____ mg%

* (This information to be filled out by clinic when three part Ca 45 form is returned from Creighton University.)