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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Arthritis History

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.

44 cont. Has a doctor **EVER** told you that you have:

IF YES,
Are you currently
being treated for
this condition by a
doctor?

Chronic kidney (renal) disease or failure No Yes → No Yes

Chronic obstruction lung disease chronic bronchitis, asthma, emphysema, COPD No Yes → No Yes

Other lung disease (TB, fibrotic) No Yes → No Yes

Ulcer (stomach, peptic, duodenal) No Yes → No Yes

V4EHART

V4EHARTT

Arthritis of hand or arms No Yes → No Yes

V4ESART

V4ESARTT

Arthritis of shoulder No Yes → No Yes

V4EHKAR

V4EHKART

Arthritis of hips or knees No Yes → No Yes

V4EOA

V4EOAT

Osteoarthritis or degenerative arthritis No Yes → No Yes

V4ERA

V4ERAT

Rheumatoid arthritis No Yes → No Yes

V4EUART

V4EUARTT

Arthritis (type unknown) No Yes → No Yes

V4ARTHTX

Anemia (low blood count) No Yes → No Yes