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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

General Medical Conditions

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.

11. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, has a doctor told you that you had a stroke?

Yes No Don't know

PLEASE GO TO QUESTION 12

IF YES, as a result of a stroke do you now have:

a. any weakness of an arm or hand?
Yes No Don't know

b. any weakness of a leg or foot?
Yes No Don't know

c. any difficulty with speech?
Yes No Don't know

12. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, has a doctor told you that you had kidney stones?

V4SKID

Yes No Don't know

PLEASE GO TO QUESTION 13

IF YES, how many times have you passed a stone (or had a kidney stone attack)?
V4KIDYR
_____ times since last completed a questionnaire.

This next section asks you about some common health conditions and symptoms.

Extended Medical History

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

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

Hypertension
(high blood pressure)

No

Yes →

No

Yes

An abnormal EKG, ECG,
or electrocardiogram

No

Yes →

No

Yes

Heart attack, coronary, or
myocardial infarction

No

Yes →

No

Yes

Angina

No

Yes →

No

Yes

Heart murmur

No

Yes →

No

Yes

Congestive heart
failure, enlarged heart

No

Yes →

No

Yes

Other heart disease

No

Yes →

No

Yes

Stroke

No

Yes →

No

Yes

Gallstones **V4GALL**

No

Yes →

No

Yes

V4GALLT

Pneumonia **V4PNEU**

No

Yes →

No

Yes

V4PNEUT

Diabetes (not borderline)

V4EDIAB

No

Yes →

No

Yes

V4EDIABT

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

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

Hyperthyroid disease
(High thyroid , Grave's disease
overactive thyroid)

No Yes →

No Yes

V4EHTHY

V4EHTHYT

Hypothyroid disease
(underactive, too little thyroid)

No Yes →

No Yes

V4EHYPO

V4EHYPOT

Seizures (fits or convulsions)

No Yes →

No Yes

V4SEIZ

V4SEIZT

Glaucoma

No Yes →

No Yes

Cataracts

No Yes →

No Yes

Diseases of the retina
(Macular degeneration,
detached retina)

No Yes →

No Yes

Parkinson's disease

No Yes →

No Yes

Dementia or Alzheimer's
disease

No Yes →

No Yes

Other neurologic disease

No Yes →

No Yes

Depression

No Yes →

No Yes

Liver disease, cirrhosis
or chronic hepatitis

No Yes →

No Yes

V4LIVER

V4LIVERT

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

V4RENAL

V4RENALT

Chronic obstruction lung disease
chronic bronchitis, asthma,
emphysema, COPD

No

Yes →

No

Yes

V4ECOPD

V4ECOPDT

Other lung disease
(TB, fibrotic)

No

Yes →

No

Yes

V4TB

V4TBT

Ulcer (stomach, peptic,
duodenal)

No

Yes →

No

Yes

V4ULCER

V4ULCERT

Arthritis of hand or arms

No

Yes →

No

Yes

Arthritis of shoulder

No

Yes →

No

Yes

Arthritis of hips or knees

No

Yes →

No

Yes

Osteoarthritis or
degenerative arthritis

No

Yes →

No

Yes

Rheumatoid arthritis

No

Yes →

No

Yes

Arthritis (type unknown)

No

Yes →

No

Yes

Anemia (low blood count)

No

Yes →

No

Yes

V4ANEM

V4ANEMT