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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Hip, Knee and Joint Health

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.

19. IN THE PAST 12 MONTHS, have you had any pain in or around either hip joint, including the buttocks, groin, or either side of the upper thigh, on most days for at least one month?

V4SHIP

Yes

No

Don't know

Clinic use

Y
 N
 DK

20. IN THE PAST 12 MONTHS, have you driven a car?

Yes

No

GO TO QUESTION 21

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

_____ miles per week.

0 = less than one mile per week

21. COMPARED TO 12 MONTHS AGO, how would you rate your overall health?

Much better now

Somewhat worse now

Somewhat better now

Much worse now

About the same now

22. Compared to other people your own age, how would you rate your overall health?

Excellent for my age

Poor for my age

Good for my age

Very poor for my age

Fair for my age

Hip Replacement

43. Have you ever had hip replacement surgery?

V4EHPRPL

Yes

No

Don't know

PLEASE GO TO QUESTION 44

IF YES,

a. Please mark which hip was replaced and the month and year when the hip replacement was done. If both hips have been replaced, check both boxes.

V4EHPRT Right → _____
Month/Year

V4EHPLF Left → _____
Month/Year

b. Why did you have your hip replaced?

	Arthritis	Fracture	Other (specify)
Right	V4REHART <input type="checkbox"/>	V4REHFX <input type="checkbox"/>	V4REHOT <input type="checkbox"/> _____
Left	V4ELHART <input type="checkbox"/>	V4ELHFX <input type="checkbox"/>	V4ELHOT <input type="checkbox"/> _____