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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Neurological disease 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?

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

No

Yes →

No

Yes

Hypothyroid disease
(underactive, too little thyroid)

No

Yes →

No

Yes

Seizures (fits or convulsions)

No

Yes →

No

Yes

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 **V4EPARK**

No

Yes →

No

Yes

V4EPARKT

Dementia or Alzheimer's
disease **V4EALZH**

No

Yes →

No

Yes

V4EALZHT

Other neurologic disease

V4ENEUR

No

Yes →

No

Yes

V4ENEURT

V4EONEUR

Depression **V4EDEPR**

No

Yes →

No

Yes

V4EDEPRT

Liver disease, cirrhosis
or chronic hepatitis

No

Yes →

No

Yes