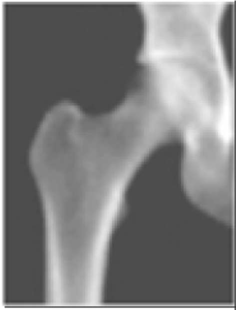

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Symptoms Questionnaire

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.

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Extended Symptom History

46. Have you had any of the following symptoms **DURING THE LAST WEEK?** (Check all that apply.)

Symptom	Variable	No	Yes	If yes, on how many days in the last week?
a. Headache	V4HEAD	☐ No	☐ Yes →	V4HEADD ____ days
b. Tiredness	V4QTIRE	☐ No	☐ Yes →	V4QTIRED ____ days
c. Lack of energy	V4NOEN	☐ No	☐ Yes →	V4NOEND ____ days
d. Constant cough	V4COUGH	☐ No	☐ Yes →	V4COUGHD ____ days
e. Swelling in legs or ankles	V4SWLEG	☐ No	☐ Yes →	V4SWLEGD ____ days
f. Chest pains or discomfort	V4QCHST	☐ No	☐ Yes →	V4QCHSTD ____ days
g. Difficulty breathing/ shortness of breath	V4BRTH	☐ No	☐ Yes →	V4BRTHD ____ days
h. Joint stiffness	V4JTSTF	☐ No	☐ Yes →	V4JTSTFD ____ days
i. Pain/discomfort in joints of arms or shoulder	V4SHPN	☐ No	☐ Yes →	V4SHPND ____ days

46 cont.

Have you had any of the following symptoms **DURING THE LAST WEEK?** (Check all that apply.)

			If yes, on how many days in the last week?
j. Pain/discomfort in joints of hips, knees, or ankles V4ANKPN	☐ No	☐ Yes →	V4ANKPND ____ days
k. Pain/discomfort in calves or thighs V4CALPN	☐ No	☐ Yes →	V4CALPND ____ days
l. Weakness/stiffness of arms or hands V4ASTF	☐ No	☐ Yes →	V4ASTFD ____ days
m. Weakness/paralysis in right leg V4RTLEG	☐ No	☐ Yes →	V4RTLEGD ____ days
n. Weakness/paralysis in left leg V4LFLEG	☐ No	☐ Yes →	V4LFLEGD ____ days
o. Muscle pain V4MSCPN	☐ No	☐ Yes →	V4MSCPND ____ days
p. Poor vision V4SEE	☐ No	☐ Yes →	V4SEED ____ days
q. Poor hearing V4HEAR	☐ No	☐ Yes →	V4HEARD ____ days
r. Poor memory V4MEMRY	☐ No	☐ Yes →	V4MEMRYD ____ days