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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Urinary Incontinence

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.

Urine Control

25. Many older adults experience involuntary loss of urine. We'd like to ask you a few questions about this common experience.

V4URLK

DURING THE PAST 12 MONTHS, have you ever leaked urine or lost control of your urine?

Yes

No

Don't know

PLEASE GO TO QUESTION 26

If yes:

a. How often does this leakage of urine usually occur?

V4UROFT Daily

1 or more times per week but not every week

1 or more times per month but not every week

Less than once a month

Don't know

b. If you do not use a pad or special absorption protection, how much urine usually leaks?

V4URAMNT

A few drops

Enough to wet underwear

Enough to wet outer clothes

Enough to wet floor

Don't know

c. Does this leakage interfere with your activities?

V4URINTF Yes No

d. Do you consider this leakage a problem?

V4URPROB

Yes No

V4UILEV