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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Quality of Life

Key Life Events

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.

Key Life Events

These next questions ask you about a number of events that commonly happen in people's lives and that can affect your health.

26. Since you last completed a questionnaire, have you moved?

Yes No Don't know

PLEASE GO TO QUESTION 27

If yes:

a. When did this happen?

during the last month

more than 1 month ago but within the past year

more than a year ago

don't know

b. Was this move positive or negative?

positive negative don't know

V4RECMVE

V4POSMVE

27. Since you last completed a questionnaire, have you lost a close relative or close friend through death?

V4LOSS

Yes No Don't know

PLEASE GO TO QUESTION 28

If yes, how was this person(s) related to you and when did it happen?
(You may check more than one.)

<input type="checkbox"/> Spouse → V4SPS	<input type="checkbox"/> In the past year V4SPSW	<input type="checkbox"/> more than 1 year ago
<input type="checkbox"/> Sister or Brother → V4SIS	<input type="checkbox"/> In the past year V4SISW	<input type="checkbox"/> more than 1 year ago
<input type="checkbox"/> Child → V4CHLD	<input type="checkbox"/> In the past year V4CHLDW	<input type="checkbox"/> more than 1 year ago
<input type="checkbox"/> Parent → V4PAR	<input type="checkbox"/> In the past year V4PARW	<input type="checkbox"/> more than 1 year ago
<input type="checkbox"/> Close friend → V4FRIEN	<input type="checkbox"/> In the past year V4FRIENW	<input type="checkbox"/> more than 1 year ago
<input type="checkbox"/> Other: _____ → V4OTH	<input type="checkbox"/> In the past year V4OTHW	<input type="checkbox"/> more than 1 year ago

V4LSTPYR

V4LSTTOT

V4LSTSPS

28. Since you last completed a questionnaire, have any other important things happened to you or your spouse?

V4IMPORT

Yes

No

Don't know



If yes:

a. What happened?

b. Was this event positive or negative?

positive

negative

1. _____

V4W1POS

2. _____

positive

negative

V4W2POS

3. _____

positive

negative

V4W3POS

V4IMPEVT