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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Quality of Life

Social Network and Support, Living
Arrangement

Form Type: Clinic Interview

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.

5. About how many friends do you have that you feel close to, feel at ease with, can talk to about private matters, or can call on for help?

V4FRD

about _____ friends

6. About how many of these friends do you see or hear from at least once a month?

V4FRDN

about _____ friends

7. For the one friend that you see or hear from the most, how often do you see or hear from that person?

V4FRDM

- | | |
|---|---|
| <input type="checkbox"/> less than once a month | <input type="checkbox"/> about every week |
| <input type="checkbox"/> about once a month | <input type="checkbox"/> a few times a week |
| <input type="checkbox"/> 2-3 times a month | <input type="checkbox"/> almost every day |

8. When you have an important decision to make, do you have someone you can talk to about it?

V4IMP

- Always or very often Sometimes Seldom Never

9. When other people you know have an important decision to make, do they talk to you about it?

V4DEC

- Always or very often Sometimes Seldom Never

10. Does anybody rely on you to do something for them each day, like shopping, cooking, cleaning, repairs, child care, etc?

V4RELY Yes

No



IF NO, do you help anybody with things like shopping, house cleaning, cooking, providing child care, filling out forms, etc?

Always or very often

Sometimes **V4HELP**

Seldom

Never

V4SOCNET

V4FAMNET

V4FRDNET

V4INTRDP

This section of questions 26 - 43 asks about your current lifestyle.

Living Arrangement

26. What type of residence do you currently live in?

- Private home or apartment
- Retirement home or Senior complex
- Nursing home
- Personal Care Home (Adult Foster Home, Assisted Living)
- Other (Specify)

V4PRVHM

V4RESID

V4RESNH



27. Do you live alone?

V4ALONE

Yes

No

V4LIVE

How long have you lived in this current living arrangement?

V4ALYRS
_____ years

a. Who do you live with?

- Spouse **V4SPOUSE**
- Child/Children **V4CHILD**
- Other family members **V4FAMILY**
- Friends **V4FRIEND**
- Nonrelatives (other than friends) **V4NONREL**

b. How long have you lived in this current living arrangement?

V4LVYRS
_____ years

28. How many steps do you have to go up or down to get into your house or apartment? (Answer for the entrance you use most often.)

V4STEPS
_____ Steps

(If more than 50, please write 50. If no steps please write 0.)