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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Vision

Vision Exam

Form Type: Clinic Examination

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.

Glasses: V4GLAS

- Always wears, regular lenses
- Wears for distance only
- Wears for reading/near viewing only
- Does not wear
- Always wears, bifocals
- Different glasses for distance & near

Contact Lenses:

- Yes **V4CONT**
- No

Lens Implants:

- Yes **V4LIMP**
- No

Acuity

Test Distance: 10 feet 5 feet refused unable

Snellen fraction

Number Correct

10 ft

5 ft

F	N	P	R	Z	5	20/200	20/400
E	Z	H	P	V	10	20/160	20/320
D	P	N	F	R	15	20/125	20/250
R	D	F	U	V	20	20/100	20/200
U	R	Z	V	H	25	20/80	20/160
===== H	N	D	R	U	30	20/63	20/125
Z	V	U	D	N	35	20/50	20/100
V	P	H	D	E	40	20/40	20/80
P	V	E	H	R	45	20/32	20/63
E	H	V	D	F	50	20/25	20/50
----- N	U	Z	F	E	55	20/20	20/40
U	H	N	Z	R	60		20/32
D	N	E	F	P	65		20/25
F	U	E	P	Z	70		20/20

V4AC2040

V4LOGMAR

Total Correct **V4ACCORR**

<u>Trial</u>	<u>+/-</u>	<u>Value</u>	<u>Starting Position</u>	<u>Refused</u>	<u>Unable</u>
1.	_____	_____ . _____	-6	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____ . _____	+7	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____ . _____	-2	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____ . _____	+3	<input type="checkbox"/>	<input type="checkbox"/>

V4SDHDDS