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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Vision

Vision History

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.

44 cont. Has a doctor **EVER** told you that you have:

IF YES,
Are you currently
being treated for
this condition by a
doctor?

Hyperthyroid disease
(High thyroid , Grave's disease
overactive thyroid)

No

Yes →

No

Yes

Hypothyroid disease
(underactive, too little thyroid)

No

Yes →

No

Yes

Seizures (fits or convulsions)

No

Yes →

No

Yes

Glaucoma **V4GLAUC**

No

Yes →

No

Yes

V4GLAUTX

Cataracts **V4CAT**

No

Yes →

No

Yes

V4CATTX

Diseases of the retina **V4RET**
(Macular degeneration,
detached retina)

No

Yes →

No

Yes

V4RETTX

Parkinson's disease

No

Yes →

No

Yes

Dementia or Alzheimer's
disease

No

Yes →

No

Yes

Other neurologic disease

No

Yes →

No

Yes

Depression

No

Yes →

No

Yes

Liver disease, cirrhosis
or chronic hepatitis

No

Yes →

No

Yes

V4EYEDTX