



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 5

Exam Bookkeeping

All

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.

CLINIC USE ONLY

Year 5 Status

V5TYPE

- C. V.
- Q. O. _____
- H. V. _____
- N. H. V. _____
- R. C. F. V. _____
- M. D. Q. _____
1-6, 21 & 27

Reason

- Per. I.
- Fam. I.
- O. of S.
- Ref.
- B.

V5TYPRSN

Source

- Ppt
- Other
- Both

V5SOURC

Upgrades Within Visit 5 Check if Applicable

- From Q. O. to C. V.
- From Q. O. to H. V.
- From Q. O. to N. H./R. C. F. V.

V5UPGRD

-
- From M. D. to C. V.
 - From M. D. to H. V.
 - From M. D. to Q. O.
 - From M. D. to N. H./R. C. F. V.

-
- From H. V. to C. V.
 - From N. H./R. C. F. V. to C. V.

STUDY OF OSTEOPOROTIC FRACTURES

Fifth Examination

Home Visit **V5HOMEV**

Yes No

PPT ID _____

Name Code _____

Date _____

FIT ID _____

Hip Xray

complete refused

pending

unable (explain in comments)

Information for exams

Fracture/Injury

In the last 3 months, have you had a fracture or injury in the leg, ankle, or foot that has reduced your weight bearing activity?

Yes No **V5WTBER**



Right Yes No **V5WTBERR**

Left Yes No **V5WTBERL**

QDR 1000: Hip Examiner ID: _____

Side scanned at V2 (or V3): Right Left Refused

Side scanned at V5 Right Left Refused

If V5 side is different than side scanned at V2 (or V3), record reason Fracture Hip replacement **V5HIPDIF**

No scan - record reason: Other: Specify: _____

- Refused Radiation
- Unable to lie on table
- Bilateral Hip Replacement
- Other: _____

V5QDRRSN

Osteon: Calcaneus Examiner ID: _____

Side scanned at baseline: Right Left **V5V1HEEL**

Side scanned at V5 Right Left Refused **V5HLSIDE**

If V5 side is different than side scanned at baseline, record reason. Fracture Hardware **V5HLDIF**
* Categories with the same symbol have been combined into a single category.
 Other: Specify: _____

Area
V5OSAREA _____ cm²

BMC
V5OSBMC _____ gm

BMD
V5OSBMD _____ gm/cm²

- No scan - record reason:
- Refused Radiation
 - Refused Makeup/Call back
 - Amputee
 - Unable to obtain values
 - Other: _____

V5OSRSN

Calcaneal Examiner ID: _____

Side scanned at V4 Right Left N/A

Side scanned at V5 Right Left Refused

If V5 side is different than V4 side, why? _____

BUA 1: _____ units

UVB 1: _____ units

SOS 1: _____ units

BUA 2: _____ units

UVB 2: _____ units

SOS 2: _____ units

If BUA scan 1 and 2 differ by more than 10 units, repeat scan.

BUA 3: _____ units

UVB 3: _____ units

SOS 3: _____ units

Unable to obtain values

Tibial Examiner ID: _____

Side scanned: Right Left Refused **V5USTSID**
(same as calcaneal US)

Distance between malleolus and patella: **V5TIBDIS** _____ cm

Midpoint: **V5TIBMID** _____ cm

Distance between probe and bone (mm): < 12 mm

≥ 12 mm

SOS 1: **V5TSOS1** _____ m/sec

Unable to obtain values