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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Medical History**

##### Arthritis History

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.

**31 cont.** Has a doctor ever told you that you have:

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

- |  |                             |                                |                             |                              |
|--|-----------------------------|--------------------------------|-----------------------------|------------------------------|
| k. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SHART</b>   |                             |                                |                             |                              |
| l. Arthritis of hands or arms  | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SHARTT</b>  |                             |                                |                             |                              |
| m. Arthritis of shoulder   | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SSARTT</b>  |                             |                                |                             |                              |
| n. Arthritis of hips   | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SPARTT</b>  |                             |                                |                             |                              |
| o. Arthritis of knees  | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SKARTT</b>  |                             |                                |                             |                              |
| p. Osteoarthritis or degenerative arthritis                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SOAT</b>  |                             |                                |                             |                              |
| q. Rheumatoid arthritis  | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SRAT</b>  |                             |                                |                             |                              |
| r. Arthritis (type unknown)  | <input type="checkbox"/> No | <input type="checkbox"/> Yes → | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>V5SUARTT</b>  |                             |                                |                             |                              |

**V5ARTHTX**