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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 5

Medical History

Hip, Knee and Joint Health

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.

37. Have you **EVER** had a knee replacement where part or all of your knee joint was replaced?
V5KNERPL

Yes

No

Don't know

PLEASE GO TO QUESTION 38

IF YES:

Which knee was replaced and what year was the knee replacement done? (check all that apply.)

V5KNRT

Right → When _____ (year)

V5KNLF

Left → When _____ (year)

38. Have you **EVER** had surgery on your back?

Yes

No

Don't know

PLEASE GO TO QUESTION 39

IF YES:

a. How many times have you had back surgery?

_____ times

b. When was your most recent back surgery?

_____ (year)

39. Have you ever injured your hip, upper leg/thigh, or pelvis badly enough to see a doctor about it?
V5HIPINJ

Yes No Don't know

PLEASE GO TO QUESTION 40

IF YES:

a. How old were you when you had this injury?
V5HPIAGE _____ years old

b. Did this injury limit your ability to walk for at least a week?
V5HPIWK Yes No Don't know

c. Were you hospitalized for this injury?
V5HPIHSP Yes No Don't know

d. What kind of injury was this?

V5HPIFX Hip fracture

V5HPIUL Upper leg fracture

V5HPIPL Pelvis fracture

V5HPIOT Other injury (specify) → _____

40. Have you ever had a dislocated hip (a hip joint that comes out of its socket)?

V5HIPDIS

Yes No Don't know

PLEASE GO TO QUESTION 41

IF YES:

a. How old were you when you had a dislocated hip?
V5HPDAGE _____ years old

Hip, Knee, and Feet Pain

33. IN THE LAST TWO YEARS, have you had pain in or around either hip joint, including the buttock, groin, or either side of the upper thigh, on most days for at least one month?

V5SHIP

Yes

No

Don't know

PLEASE GO TO QUESTION 34

Clinic Use

- Y
- N
- DK

IF YES:

a. Have you had pain in your **RIGHT** hip? **V5SWHIPR**

Yes

No

Don't know

PLEASE GO TO C

b. If yes, when was the last time you had **RIGHT** hip pain?

V5SLAHPR

still have it

1 to 2 years ago

less than 1 year ago

more than 2 years ago

c. Have you had pain in your **LEFT** hip? **V5SWHIPL**

Yes

No

Don't know

PLEASE GO TO QUESTION 34

d. If yes, when was the last time you had **LEFT** hip pain?

V5SLAHPL

still have it

1 to 2 years ago

less than 1 year ago

more than 2 years ago

34. Have you ever had pain lasting at least a month in or around the knee, including the back of the knee?

V5KNEEP

Yes

No

Don't know

PLEASE GO TO QUESTION 35

Clinic Use

- Y
- N
- DK

IF YES:

a. Have you had pain in the right knee, left knee or both?

V5KNNSIDE

right

left

both

b. How old were you when the knee pain started?

V5KNAGE

_____ years old

c. When was the last time you had this pain in either knee?

V5KNWHEN

still have it

1 to 2 years ago

less than 1 year ago

more than 2 years ago

35. Have you ever had pain lasting at least a month in your feet or ankles?

V5FT

Yes

No

Don't know

PLEASE GO TO QUESTION 36

IF YES:

a. Have you had pain in your right foot or ankle, your left foot or ankle or both?

V5FTSIDE right left both

b. How old were you when the foot or ankle pain started?

V5FTAGE _____ years old

c. When was the last time you had this pain in either your right or left foot or ankle?

V5FTWHEN

still have it 1 to 2 years ago

less than 1 year ago more than 2 years ago

Hip pain Interview

The following questions concern whether or not you are currently experiencing any pain in your hips. For each situation, tell me how much pain you have had in the last 30 days. I'll ask you separately about the right and left hip.

1. For the right hip, in the past 30 days, have you experienced any pain when.... (Show Card 1)

Would you say:

	None	Mild	Moderate	Severe	Extreme
V5HPWLKR a. Walking on a flat surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5HPSTRR b. Going up or down stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5HPBEDR c. At night while in bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5HPSITR d. Sitting or lying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5HPRISR e. Rising from a seated position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5HPSTDR f. Standing upright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If all None, go to Q. 3

If ppt reports ANY pain, go to Q. 2

2. When you have the pain in the right hip, where is the pain located? (Ask about each location. Ask ppt to point to location of pain. check all that apply.)

Is the pain in the.....

- V5HPILR** a. Groin/Inside leg near hip Yes No
- V5HPOLR** b. Side of the leg near hip Yes No
- V5HPFLR** c. Front of the leg near hip Yes No
- V5HPBTR** d. Buttocks Yes No
- V5HPLBR** e. Low back Yes No

2a. Is this right hip pain due to a recent injury?

- V5HPINJR** Yes No Don't Know



Specify: _____

3. Now let's talk about the time since you first visited the study clinic, about the past 8 years. During that time, have you ever had pain lasting at least a month in your right hip?

V5HP8PNR

Yes No Don't Know

↓ ↓ ↓

Ask Q. 3a. GO TO Q. 4

3a. Since the first time you visited the study clinic, about 8 years ago, has thr pain in your right hip gotten better, stayed about the same or gotten worse. Would you say: (Show card 2.)

V5HP8DGR

- a. A lot better
- b. A little better
- c. About the same
- d. A little worse
- e. A lot worse
- f. DK/ can't say

4. For the left hip, in the past 30 days, have you experienced any pain when.... (Show Card 1)

—

Would you say:

	None	Mild	Moderate	Severe	Extreme
a. Walking on a flat surface? V5HPWLKL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Going up or down stairs? V5HPSTRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At night while in bed? V5HPBEDL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sitting or lying? V5HPSITL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rising from a seated position? V5HPRISL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Standing upright? V5HPSTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If all None, go to Q. 6

If ppt reports ANY pain, go to Q. 5

5. When you have the pain in the left hip, where is the pain located? (Ask about each location. Ask ppt to point to location of pain. check all that apply.)

Is the pain in the.....

V5HPILL a. Groin/Inside leg near hip Yes No

V5HPOLL b. Side of leg near hip Yes No

V5HPFLL c. Front of leg near hip Yes No

V5HPBTL d. Buttocks Yes No

V5HPLBL e. Low back Yes No

5a. Is this left hip pain due to a recent injury?

V5HPINJL Yes No Don't Know

Specify: _____

6. Now let's talk about the time since you first visited the study clinic, about the past 8 years. During that time, have you ever had pain lasting at least a month in your left hip?

V5HP8PNL

Yes No Don't Know

↓ ↓ ↓

Ask Q. 6a. GO TO Q. 7

6a. Since the first time you visited the study clinic, about 8 years ago, has pain in your left hip gotten better, stayed about the same or gotten worse. Would you say: (Show card 2.)

V5HP8DGL

- a. A lot better
- b. A little better
- c. About the same
- d. A little worse
- e. A lot worse
- f. DK/ can't say

