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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Medical History**

##### Urinary Incontinence

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.

Along with osteoporosis, we are also studying other issues of aging such as successful aging, arthritis, and frailty. Several of the remaining questions will ask you about conditions that may or may not be associated with aging.

### Urine Control

**24.** Many older adults experience involuntary loss of urine. We'd like to ask you a few questions about this common experience.

V5URLK

DURING THE PAST 12 MONTHS, have you ever leaked urine or lost control of your urine?

Yes

No

Don't know

Refused

PLEASE GO TO QUESTION 25

**IF YES:**

a. How often does this leakage of urine usually occur?

V5UROFT

daily

1 or more times per week but not every day

1 or more times per month but not every week

less than once a month

don't know

b. Under what circumstances does your leakage of urine usually occur?

**Check all that apply.**

V5USNEZ  when I cough, sneeze, laugh, lift, stand up or exercise, etc.

V5UURGE  when I have the urge to urinate and can't get to the toilet fast enough

V5UDOZE  when I am sleeping, napping or dozing

V5UOTH  other (specify)

V5UDK  don't know

V5UILEV1