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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Physical Function**

##### Back Surgery

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?

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.)

Right → When \_\_\_\_\_ (year)

Left → When \_\_\_\_\_ (year)

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

**V5BKSRG**

Yes

No

Don't know

PLEASE GO TO QUESTION 39

**IF YES:**

a. How many times have you had back surgery?

**V5NBKSRG**

\_\_\_\_\_ times

b. When was your most recent back surgery?

\_\_\_\_\_ (year)