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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Physical Function**

Driving

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.

## Driving

**25.** IN THE LAST 12 MONTHS, have you driven a car?

**V5DR12**

Yes

No

PLEASE GO TO QUESTION 26

**IF YES**, on average about how many miles do you drive per week?

\_\_\_\_\_ miles per week. **V5MILE**

0 = less than one mile per week

**26.** In the last three years, how many motor vehicle accidents have you been involved in where you were the driver, regardless of fault?++

**V5NACC**

++Changed from continuous to categorical variable to ensure confidentiality

**V5TACC**

\_\_\_\_\_ accidents

None

Haven't driven the last three years

PLEASE GO TO QUESTION 27

When did these occur?

What time of day did these occur?

**V5ACTM1**

1. \_\_\_\_\_  Morning  Afternoon  Evening/Night  Don't know  
Month/Year

**V5ACTM2**

2. \_\_\_\_\_  Morning  Afternoon  Evening/Night  Don't know  
Month/Year

**V5ACTM3**

3. \_\_\_\_\_  Morning  Afternoon  Evening/Night  Don't know  
Month/Year

**V5ACTM4**

4. \_\_\_\_\_  Morning  Afternoon  Evening/Night  Don't know  
Month/Year