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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 5

Quality of Life

Social Network and Support, Living
Arrangement

Form Type: Clinic Interview

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.

Living Arrangement

V5RESID

20. a. What type of residence do you currently live in?

V5PRVHM

Private home or apartment

V5RESNH

Retirement home or Senior complex

Nursing home

Personal Care Home (Adult Foster Home, Assisted Living)

Other (Specify)



V5ALONE b. Do you live alone?

Yes



How long have you lived alone
in your current residence?

V5ALYRS

_____ years

No



V5LIVE

a. Who do you live with?

Spouse **V5SPOUSE**

Child/Children **V5CHILD**

Other family members **V5FAMILY**

Friends **V5FRIEND**

Nonrelatives (other than friends) **V5NONREL**

b. How long have you lived in this
current living arrangement?

V5LVYRS

_____ years