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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 6**

### **Exam Bookkeeping**

All

Form Type: Clinic Examination

#### **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.

**CLINIC USE ONLY**

Visit 6 Status

**V6TYPE**

- C. V.
- Q. O. \_\_\_\_\_
- H. V. \_\_\_\_\_
- N. H. V. \_\_\_\_\_
- R. C. F. V. \_\_\_\_\_
- M. D. Q. \_\_\_\_\_

Reason

- Per. I.
- Fam. I.
- O. of S.
- Ref.
- B.

# 1-6, 39 & 42

**V6TYPRSN**

Source

- Ppt
- Other
- Both

**V6SOURC**

Upgrades Within Visit 6 Check if Applicable

**V6UPGRD**

- From Q. O. to C. V.
- From Q. O. to H. V.
- From Q. O. to N. H./R. C. F. V.

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- From M. D. to C. V.
  - From M. D. to H. V.
  - From M. D. to Q. O.
  - From M. D. to N. H./R. C. F. V.

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- From H. V. to C. V.
  - From N. H./R. C. F. V. to C. V.

Comments:

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# STUDY OF OSTEOPOROTIC FRACTURES

## Sixth Examination

### SUBSETS

#### Home Visit **V6HOMEV**

Yes  No

#### Year 12 subsample **V6YEAR12**

Yes  No

#### 24 hour urine collection

complete

refused

unable  (explain in comments)

#### QDR 2000 whole body

complete

refused

unable  (explain in comments)

#### Reliability **V6RELIAB**

Yes  No

#### Osteon **V6OSTEON**

Yes  No

### Information for exams

#### Fracture/Injury

In the last 3 months, have you had a fracture or injury in the leg, ankle, or foot that has reduced your weight bearing activity?

Yes  No  **V6WTBER**

Right Yes  No  **V6WTBERR**

Left Yes  No  **V6WTBERL**

PPT ID \_\_\_\_\_

Name Code \_\_\_\_\_

Date \_\_\_\_\_

Time visit started

**V6EXMAP**  am

\_\_\_\_ : \_\_\_\_  pm

### Specimens

#### Arterialized Venous Blood Sample

complete

pending

unable  (explain in comments)

#### Serum

complete

pending

unable  (explain in comments)

#### Urine

Timed in Clinic

complete

pending

unable  (explain in comments)

**Osteon: Calcaneus** Examiner ID: \_\_\_\_\_

Side scanned at baseline:  Right  Left  N/A **V6V1HEEL**

Side scanned at V6  Right  Left  Refused **V6HLSIDE**

If V6 side is different than side scanned at baseline, record reason.

Fracture  
 Hardware  
 Other: Specify: \_\_\_\_\_

**Area** **BMC** **BMD**  
**V6OSAREA** \_\_\_\_\_ cm<sup>2</sup> **V6OSBMC** \_\_\_\_\_ gm **V6OSBMD** \_\_\_\_\_ gm/cm<sup>2</sup>

No scan - record reason: **V6OSRSN**

- Refused Radiation
- Refused Makeup/Call back
- Amputee
- Unable to obtain values
- Other: \_\_\_\_\_

## Grip Strength

Stroke or injury causing weakness?

No - test both sides     Yes - test both sides

Recent worsening of pain or arthritis?

No - test both sides     Yes - test unaffected side

Right

Left

}	_____ kg	_____ kg
	_____ kg	_____ kg
	<input type="checkbox"/> weakened	<input type="checkbox"/> weakened
	<input type="checkbox"/> refused	<input type="checkbox"/> refused
	<input type="checkbox"/> unable	<input type="checkbox"/> unable

### QDR 1000: Hip

Examiner ID: \_\_\_\_\_

Side scanned at V2 (or V3):     Right     Left     N/A

Side scanned at V6:     Right     Left     Refused

If V6 side is different than side scanned at V2 (or v3), record reason.

Fracture

Hip replacement

Other: Specify: \_\_\_\_\_

**V6HIPDIF**

No scan - record reason:

Refused Radiation

Unable to lie on table

Bilateral Hip Replacement

Other: \_\_\_\_\_

**V6QDRRSN**

**Calcaneal Ultrasound (Sahara Unit)**

Examiner ID: \_\_\_\_\_

Side scanned at V4     Right     Left     N/A

Side scanned at V6     Right     Left     Refused

If V6 side is different than V4 side, record reason:

**V6DIF46**

\*  Fracture

\*  Hardware

Other: Specify: \_\_\_\_\_

\* Categories with the same symbol have been combined into a single category.

BUA    1: \_\_\_\_\_ • \_\_\_\_\_ units

SOS    1: \_\_\_\_\_ • \_\_\_\_\_ m/s

QUI    1: \_\_\_\_\_ • \_\_\_\_\_ units

BUA    2: \_\_\_\_\_ • \_\_\_\_\_ units

SOS    2: \_\_\_\_\_ • \_\_\_\_\_ m/s

QUI    2: \_\_\_\_\_ • \_\_\_\_\_ units

*If BUA scan 1 and 2 differ by more than 10 units, repeat scan.*

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BUA    3: \_\_\_\_\_ • \_\_\_\_\_ units

SOS    3: \_\_\_\_\_ • \_\_\_\_\_ m/s

QUI    3: \_\_\_\_\_ • \_\_\_\_\_ units

Unable to obtain values: (Check all that apply.)



Foot deformity

Equipment problem

**V6OSEQIP**

Foot too big **V6OSBIG**

Participant refuses

**V6OSREF**

Edema **V6OSEDMA**

Other **V6OSOTH** \_\_\_\_\_

### In Clinic Timed Urine Specimen Form

PPT. ID: \_\_\_\_\_

Has participant eaten in the last 5 hours? Yes  No

Time Collection Started: \_\_\_\_\_ : \_\_\_\_\_  am  
 pm

Time Collection Finished: \_\_\_\_\_ : \_\_\_\_\_  am  
 pm

Total Collection Time: \_\_\_\_\_ Minutes

Volume: \_\_\_\_\_ mls.

Was urine specimen archived?

Yes  No



1 tube

2 tubes

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After collection, ask participant:

"Did you lose a significant amount (1/4 to 1/2 cup or more) of urine during the collection period?"

Yes  No

## 24 Hour Urine Collection Year 12 Subset

### A. Collection

Date collection started: \_\_\_\_\_  
Month Day Year

Collection start time: \_\_\_\_ : \_\_\_\_  A.M. (Midnight is 12 A.M.)  
 P.M.

Date collection ended: \_\_\_\_\_  
Month Day Year

Collection end time: \_\_\_\_ : \_\_\_\_  A.M. (Midnight is 12 A.M.)  
 P.M.

### B. Processing

Was collection kept in refrigerator? Yes  No

Date Processed: \_\_\_\_\_  
Month Day Year

Prepared weight (written in marker on container):

\_\_\_\_\_ • \_\_\_\_\_ grams

Filled weight:

\_\_\_\_\_ • \_\_\_\_\_ grams

Urine pH: \_\_\_\_\_ • \_\_\_\_\_

Were any voids missed? Yes  No

How many? \_\_\_\_\_

Were any voids spilled (at least 5%)? Yes  No

How many? \_\_\_\_\_

Archive specimen:

Yes   1 tube  
No   2 tubes

**Reminder: Write height & weight on net acid excretion specimen label.**

height \_\_\_\_\_ weight \_\_\_\_\_ from pg 2.