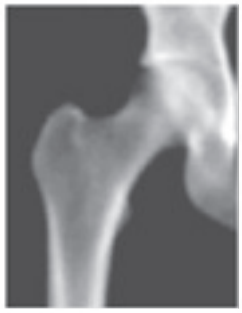

SOF Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

Medical History

Arthritis History

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.

45 cont. IN THE PAST TWO YEARS has a doctor told you that you have:

IF YES, are you currently being treated for this condition by a doctor?

k. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD	☐ No	☐ Yes →		☐ No	☐ Yes	
l. Arthritis of hips **V6SPART**	☐ No	☐ Yes →		☐ No	☐ Yes	**V6SPARTT**
m. Arthritis of knees **V6SKART**	☐ No	☐ Yes →		☐ No	☐ Yes	**V6SKARTT**
n. Osteoarthritis or degenerative arthritis **V6SOA**	☐ No	☐ Yes →		☐ No	☐ Yes	**V6SOAT**
o. Rheumatoid arthritis **V6SRA**	☐ No	☐ Yes →		☐ No	☐ Yes	**V6SRAT**
p. Hyperthyroidism (high thyroid)	☐ No	☐ Yes →		☐ No	☐ Yes	
q. High blood pressure	☐ No	☐ Yes →		☐ No	☐ Yes	