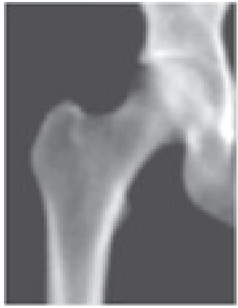

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

Medical History

Cardiovascular disease 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.

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This next section asks you about some common health conditions and symptoms.

Extended Medical History

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

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

Condition	Variable			Variable (if yes)		
a. Heart attack, coronary, or myocardial infarction	V6SHEART	☐ No	☐ Yes →	V6SHRTT	☐ No	☐ Yes
b. Angina	V6SANGIN	☐ No	☐ Yes →	V6SANGIT	☐ No	☐ Yes
c. Congestive heart failure, enlarged heart	V6SCONG	☐ No	☐ Yes →	V6SCONGT	☐ No	☐ Yes
d. Other heart disease	V6SOHRT	☐ No	☐ Yes →	V6SOHRTT	☐ No	☐ Yes
e. Stroke	V6SSTRK	☐ No	☐ Yes →	V6SSTRKT	☐ No	☐ Yes
f. Diabetes (not borderline)		☐ No	☐ Yes →		☐ No	☐ Yes
g. Parkinson's disease		☐ No	☐ Yes →		☐ No	☐ Yes
h. Dementia or Alzheimer's disease		☐ No	☐ Yes →		☐ No	☐ Yes
i. Other neurologic disease		☐ No	☐ Yes →		☐ No	☐ Yes
j. Depression		☐ No	☐ Yes →		☐ No	☐ Yes

45 cont. IN THE LAST 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	☐ No	☐ Yes →	☐ No	☐ Yes
m. Arthritis of knees	☐ No	☐ Yes →	☐ No	☐ Yes
n. Osteoarthritis or degenerative arthritis	☐ No	☐ Yes →	☐ No	☐ Yes
o. Rheumatoid arthritis	☐ No	☐ Yes →	☐ No	☐ Yes
p. Hyperthyroidism (high thyroid)	☐ No	☐ Yes →	☐ No	☐ Yes
q. High blood pressure V6SHYPER	☐ No	☐ Yes →	☐ No	☐ Yes V6SHYPET