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# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

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### Visit 6

#### Medical History

##### General Medical Conditions

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.

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?

a. Heart attack, coronary, or myocardial infarction

No

Yes →

No

Yes

b. Angina

No

Yes →

No

Yes

c. Congestive heart failure, enlarged heart

No

Yes →

No

Yes

d. Other heart disease

No

Yes →

No

Yes

e. Stroke

No

Yes →

No

Yes

f. Diabetes (not borderline)

No

Yes →

No

Yes

**V6SDIAB**

**V6SDIABT**

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

**V6SCOPDT**

**V6SCOPD**

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

**V6SHTHY**

**V6SHTHYT**

p. Hyperthyroidism (high thyroid)

No

Yes →

No

Yes

q. High blood pressure

No

Yes →

No

Yes