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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

Medical History

Neurological 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.

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

g. Parkinson's disease **V6SPARK**

No

Yes →

No

Yes **V6SPARKT**

h. Dementia or Alzheimer's disease **V6SALZH**

No

Yes →

No

Yes **V6SALZHT**

i. Other neurologic disease **V6SNEUR**

No

Yes →

No

Yes **V6SNEURT**

V6SONEUR

j. Depression **V6SDEPR**

No

Yes →

No

Yes **V6SDEPRT**