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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 6**

### **Physical Performance**

#### Physical Performance

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.

Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair or walking quickly?

**V6PROB**  yes

no

Before we do each test, I'll describe it to you.  
Please tell me if you think that you shouldn't attempt the test because of the problems you described.

**Chair Stand** (Stand up 5 times)

- Armuse:**  5 times w/o using arms at all  
**V6CHR**  5 times, uses arms part of time  
 5 times, uses arms all of time

- attempted but unable to complete 5 stands without help  
 did not attempt (refused)  
 attempted, but unable to stand up once without help

**V6STDARM**

Time: **V6CHR TM** . \_\_\_\_ seconds to complete 5 stands

Was this as fast as you can do it while still feeling safe?

yes  no → If no, repeat test. **V6CHFAST**

Repeat time here if a second trial is required.

Time: **V6CH TM2** . \_\_\_\_ seconds to complete 5 stands

**Gait**

Aid used: **V6GAID**

- no aid  straight cane\*  quad cane\*  walker\*  
 crutch\*  did not attempt/refused  attempted but unable

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

Usual Pace

Trial 1  
 Number of steps \_\_\_\_\_  refused  
 Number of seconds \_\_\_\_\_ . \_\_\_\_  unable

**V6STPLGT**

Trial 2  
 Number of steps \_\_\_\_\_  refused  
 Number of seconds \_\_\_\_\_ . \_\_\_\_  unable

**V6WLKSPD**

Rapid Pace

Number of steps \_\_\_\_\_  refused  
 Number of seconds \_\_\_\_\_ . \_\_\_\_  unable

**V6RSTPLT**

**V6RWKSPD**

**Home visits only**

Length of walking course

- 2 meter  
 3 meter  
 4 meter  
 5 meter  
 6 meter

Type of surface

- linoleum  
 hardwood  
 short carpet  
 long carpet  
 combination

**Quadriceps Strength**

Do you have an aneurism in your brain?

In the past four weeks, have you been hospitalized for a heart attack or myocardial infarction?

- Neither     MI    If yes to either, then don't do this test. ("Don't know" is considered a No/Neither.)  
 Aneurism     Both  
 Refused     Unable (*explain in comments*)

Have you had a knee replacement or fracture or surgery on either leg in the past 8 weeks?

- None of the above     Fracture     Unable  
 Knee replacement     Surgery

**If yes to any condition, then only test unaffected side.**

Lever arm setting    \_\_\_

Length of lever arm    \_\_\_ \_\_\_ \_\_\_ cm (Port)

Trial 1

Trial 2

RIGHT: peak	—	<b>V6QRAVG</b>	lbs	peak	—	<b>V6QRMAX</b>	lbs
avg	—	<b>V6QRAAVG</b>	lbs	avg	—	<b>V6QRAMAX</b>	lbs
<hr/>							
LEFT: peak	—	<b>V6QLAVG</b>	lbs	peak	—	<b>V6QLMAX</b>	lbs
avg	—	<b>V6QLAAVG</b>	lbs	avg	—	<b>V6QLAMAX</b>	lbs

**V6QMAXA**

**V6QAVGA**

**V6QRLMAX**

**V6QLRAVG**

## Grip Strength

Stroke or injury causing weakness?

V6HWK

- No - test both sides     Yes - test both sides

Recent worsening of pain or arthritis?

V6GPAIN

- No - test both sides     Yes - test unaffected side

Right

V6GRPAVG

Left

V6GRPMAX

kg

kg

V6GRPRAV

kg

V6GRPLAV

kg

weakened

weakened

refused

refused

unable

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: \_\_\_\_\_

No scan - record reason:

Refused Radiation

Unable to lie on table

Bilateral Hip Replacement

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

**Examiner assessment of frailty**

Defining frailty as a combination of the following characteristics - weak, unsteady, and fragile, what is your overall assessment of this participant's level of frailty?

Not at all frail

Somewhat frail

Extremely frail

**V6FRAIL**

**Exam explanations and comments**

If participant did not perform certain sections of this visit 6 exam, please briefly record what the section was and the reason why it wasn't performed. Include equipment problems as well as participant's reasons.

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