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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

Quality of Life

Depressed Feelings

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.

- 42.** During an average 24-hour day, about how many hours do you usually spend sleeping and lying down with your feet up? (Be sure to include time sleeping at night, or trying to sleep, resting or stretched out on the sofa watching T.V., etc. Do not include time sitting with your feet up.

I usually spend about _____ hours a day sleeping and lying down.

- 43.** During an average 24-hour day, about how many hours do you usually spend sitting upright? (Be sure to include time sitting at the table eating, driving or riding in a car or bus, sitting watching T.V. or talking, etc. sitting with your feet up.)

I usually spend about _____ hours a day sitting upright.

- 44.** About how many hours per week do you spend watching television?

I usually spend about _____ hours per week watching television.

- 45.** During the last month, have you often been bothered by little interest or pleasure in doing things?

V6PLEAS

Yes

No

- 46.** During the last month, have you often been bothered by feeling down, depressed, or hopeless?

V6DEPRES

Yes

No