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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 7**

#### **Vision**

Vision Exam

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.

Date: \_\_\_\_\_

Film Roll # \_\_\_\_\_

Examiner ID: \_\_\_\_\_

Film Type: EP \_\_\_\_\_ -135-36

### Canon CR-45UAF Fundus Photos

Participant ID's that end with an EVEN number photograph RIGHT eye\*.

Participant ID's that end with an ODD number photograph LEFT eye\*

Eye photographed:

#### V7CANON

- Right eye
- Left eye
- refused
- unable (explain in comment)

Yes    No

**V7PHTID**    ID entered       

**V7R1FILM** a. (N) Photo #1       

**\*If photograph of the designated eye cannot be obtained, then photograph the other eye and explain below in comments.**

Comments on Canon photographs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Do you wear contact lenses?

	<b><u>Right Eye:</u></b>		<b><u>Left Eye:</u></b>
	<b>V7RCTLNS</b>		<b>V7LCTLNS</b>
<input type="checkbox"/> Yes →	<p>If yes, when did you receive your latest right contact lens?</p> <p>____ / ____</p> <p>Month Year</p>	<input type="checkbox"/> Yes →	<p>If yes, when did you receive your latest left contact lens?</p> <p>____ / ____</p> <p>Month Year</p>
<input type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> DK		<input type="checkbox"/> DK	

14. Do you wear eyeglasses to drive or watch television?

Yes     No     Don't know

↓

14a. If yes, how long have you had this pair?

\_\_\_\_\_ Years    \_\_\_\_\_ Months     Less than one month

15. For near correction, do you USUALLY wear (check one):

Don't wear glasses for near correction

←  Reading glasses only

←  Bifocals

←  Trifocals

←  Progressive or "hidden" bifocal or trifocal glasses

↓

15a. How long have you had these glasses?

\_\_\_\_\_ Years    \_\_\_\_\_ Months     Less than one month