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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 7

Vision

Vision History

Form Type: Clinic Interview

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.

10. Since your last visit has a doctor ever told you that you have any of the following?

Right Eye:

Left Eye:

a. Cataracts:

V7RCAT

Yes → If yes, date first told:
 No
 Don't know

Month / Year

V7LCAT

Yes → If yes, date first told:
 No
 Don't know

Month / Year

b. Cataract extraction (surgery):

V7RCATEX

Yes → If yes, date of surgery:
 No
 Don't know

Month / Year

V7LCATEX

Yes → If yes, date of surgery:
 No
 Don't know

Month / Year

c. Combined cataract/glaucoma surgery:

V7RCATSG

Yes → If yes, date of surgery:
 No
 Don't know

Month / Year

V7LCATSG

Yes → If yes, date of surgery:
 No
 Don't know

Month / Year

d. IF YES TO b OR c, during cataract surgery was a new lens placed in your eye?

V7RLENS Right:

Yes No Don't know

V7LLENS Left:

Yes No Don't know

Q. 10 cont.

Right Eye:

Left Eye:

e. Yag capsulotomy or treatment for 2nd cataract:

V7RYAG

Yes → If yes, date of surgery:
____ / ____
Month Year

No

Don't know

V7LYAG

Yes → If yes, date of surgery:
____ / ____
Month Year

No

Don't know

f. Glaucoma:

V7RGLAU

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

V7LGLAU

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

g. Macular Degeneration:

V7RMACD

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

V7LMACD

Yes → If yes, date first told:
____ / ____
Month Year

No

Don't know

h. Blind eye:

Yes → If yes, reason for loss of sight:

No

Don't know

Date: ____ / ____
Month Year

Yes → If yes, reason for loss of sight:

No

Don't know

Date: ____ / ____
Month Year

16. Examiner rating of ocular history

V7OCHX

Excellent Satisfactory Unsatisfactory

17. Do we need the ophthalmology record?

Yes No Don't know

18. Comments: _____

