

Annotated Form for vr_fxrev_2011_0_0613s

This data set was created using variables from several main clinic exams. The annotated forms listed here are the original forms from the main clinic exams. The data was then abstracted and new variables created.

ID=

NAME:

COHORT EXAM 20

INTERVIEW

ACTIVITIES QUESTIONS-PART E

VERSION 07/07/88

|_|_|_|_| (1-4) ID NUMBER

|1|3|5| (5-7) FORM NUMBER

FM107

IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR OR GROUND? (code as no if during sports activity)
(0=No, 1=Yes, 2=Unsure, 9=Unkn)

FM108

|_|_| IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?
{9-10} (99=Unk)

FM109

|_| SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?
{11}

If yes, please specify below. Code as no if under age 30.
(0=No, 1=Yes, 2=Unsure, 9=Unkn)

LEFT RIGHT (00=No, for others give year)

FM110 19|_|_|_| 19|_|_|_| UPPER ARM (HUMERUS) OR ELBOW
{12-13} {14-15}

19|_|_|_| 19|_|_|_| FOREARM OR WRIST
{16-17} {18-19}

19|_|_|_| BACK (If disc disease only, code as No)
{20-21}

19|_|_|_| PELVIS
{22-23}

19|_|_|_| 19|_|_|_| HIP
{24-25} {26-27}

19|_|_|_| OTHER (specify) _____
{28-29}

22

ID=

NAME:

COHORT EXAM 21

INTERVIEW

ACTIVITIES QUESTIONS-PART C

VERSION 05/07/90

|_|_|_| {1-4} ID NUMBER

|1|3|5| {5-7} FORM NUMBER (EXAM 20/21 DELTA COLUMNS NONE)

FN73 |_| IN THE PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND HIT THE FLOOR
 {8} OR GROUND? (code as no if during sports activity)
 (0=No, 1=Yes, 2=Unsure, 9=Unkn)

FN74 |_|_| IF YES, HOW MANY TIMES DID YOU FALL IN THE PAST YEAR?
 {9-10} (99=Unk)

FN75 |_| SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?
 {11}
 If yes, please specify below. Code as no if under age 30.
 (0=No, 1=Yes, 2=Unsure, 9=Unkn)

	LEFT	RIGHT (00=No, for others give year)	
<i>FN76</i>	19 _ _ {12-13}	<i>FN77</i> 19 _ _ {14-15}	UPPER ARM (HUMERUS) OR ELBOW
<i>FN78</i>	19 _ _ {16-17}	<i>FN79</i> 19 _ _ {18-19}	FOREARM OR WRIST
<i>FN80</i>	19 _ _ {20-21}		BACK (If disc disease only, code as No)
<i>FN81</i>	19 _ _ {22-23}		PELVIS
<i>FN82</i>	19 _ _ {24-25}	<i>FN83</i> 19 _ _ {26-27}	HIP
<i>FN84</i>	19 _ _ {28-29}		OTHER (specify) _____

EXAM 22

ID type/ID ~ Last Name ~ , First Name ~

ex 22-22046

INTERVIEW

VERSION 01/08/92

Activities Questions-- Part E

| 0 | 4 | 6 | FORM NUMBER

fo 597 | SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES?
(Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

If yes, please specify below. Code as no if under age 30.
(Code: 00=No, for others give year)

Left	Right	Location
fo 598 19 _ _	fo 597 19 _ _	Upper arm (humerus) or elbow
fo 600 19 _ _	fo 601 19 _ _	Forearm or wrist
fo 602 19 _ _		Back (If disc disease only, code as no)
fo 603 19 _ _		Pelvis
fo 604 19 _ _	fo 605 19 _ _	Hip
fo 606 19 _ _		Other (specify) _____

KNEE OSTEOARTHRITIS PHYSICAL EXAM CODING FORM

Codes: (0=Absent or negative test, 1=Present or positive test, 9=Unknown)

Knee location	Grind	Tender	Enlargement
Left	fo 607 _	fo 608 _	fo 609 _
Right	_ fo 610	fo 611 _	fo 612 _

ex 23 - 23045

RV

EXAM 23 ID type/ID ~ Last Name ~ , First Name ~

INTERVIEW

Activities Questions-- Part VI

|0|4|5| FORM NUMBER

59 FP 559		In the past year have you accidentally fallen and hit the floor or ground? (code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unknown)
If yes or maybe to question above, answer rest of this section		
FP 560		How many times did you fall in the past year? (88=N/A, 99=Unk)
FP 561		Thinking of the falls you had in the past year, in what direction did you tend to fall? (0=Forward, 1=Backward, 3=To The Side, 4=Varies, 5=Can't Recall, 8=N/A, 9=Unk)
<p style="text-align: center;">Did any of your falls in the past year result in a: (Code: 0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)</p>		
FP 562		<input type="checkbox"/> Fracture
FP 563		<input type="checkbox"/> Head injury requiring medical attention
FP 564		<input type="checkbox"/> Dislocation
FP 565		<input type="checkbox"/> Bruise, sprain, or cut
FP 566		<input type="checkbox"/> Other _____
FP 567		Did you lose consciousness or black out before any falls in the past year? (0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)

58 FP 568		Since your last clinic visit have you broken any bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unk)	
If yes or maybe, please specify below. (Code as no if under age 30, 00=No, for others give year)			
Left	Right	Location	
19 FP 569	19 FP 570	Upper arm (humerus) or elbow	
19 FP 571	19 FP 572	Forearm or wrist	
19	FP 573	Back (If disc disease only, code as no)	
19	FP 574	Pelvis	
19 FP 575	19 FP 576	Hip	
19 FP 577	Other (specify) _____		

Falls and Fractures

240207 FORM NUMBER

f102

In the past year have you accidentally fallen and hit the floor or ground?
 (code as no if during sports activity) (0=no, 1=Yes, 2=Maybe, 9=Unknown)

If yes or maybe fill in and below f103 **How many times did you fall in the past year?** (88=N/A, 99=Unk)

Did any of your falls in the past year result in a:
 (Code: 0=No, 1=Yes, 2=Maybe, 8=N/A, 9=Unknown)

f104 **Fracture**

f105 **Head injury requiring medical attention**

f106 **Dislocation**

f107 **Bruise, sprain, or cut**

f108 **Other (write in)**

Fractures

f109 **Since Your Last Clinic Visit Have You Broken Any Bones?**
 (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)

If 0 or 9 then skip rest of table

	Left	Right	Location (code unknown as 00)
If 1,2, fill in	f110 19 _ _	f111 19 _ _	Upper arm (humerus) or elbow
	f112 19 _ _	f113 19 _ _	Forearm or wrist
	f114 19 _ _		Back (If disc disease only, code as no)
	f115 19 _ _		Pelvis
	f116 19 _ _	f117 19 _ _	Hip
	f118 19 _ _		Other (specify) f119

EXAM 25 FIELD(ID type/ID) FIELD(Last Name), FIELD(First Name)

Falls and Fractures

250209 FORM NUMBER

 fr115 **Examiner's Number**

 fr116 **In the past year have you accidentally fallen and hit the floor or ground?**
 (code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unknown)

 fr117 **How many times did you fall in the past year?** (88=N/A, 99=Unk)

Fractures			
<u> </u> <u> </u> <u> </u> <u> </u> <u>fr118</u> Since Your Last Clinic Visit Have You Broken Any Bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)			
If 0 or 9 then skip	Left	Right	Location (code unknown as 00)
rest of table	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr119</u>	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr120</u>	Clavicle (collar bone)
If 1, 2, fill in	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr121</u>	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr122</u>	Upper arm (humerus) or elbow
	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr123</u>	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr124</u>	Forearm or wrist
	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr125</u>	<u>19</u> <u> </u> <u> </u> <u> </u> <u>fr126</u>	Hand
	<u>fr127</u> <u>19</u> <u> </u> <u> </u> <u> </u>		Back (If disc disease only, code as no)
	<u>fr128</u> <u>19</u> <u> </u> <u> </u> <u> </u>		Pelvis
	<u>fr129</u> <u>19</u> <u> </u> <u> </u> <u> </u>	<u>fr130</u> <u>19</u> <u> </u> <u> </u> <u> </u>	Hip
	<u>fr131</u> <u>19</u> <u> </u> <u> </u> <u> </u>	<u>fr132</u> <u>19</u> <u> </u> <u> </u> <u> </u>	Leg
	<u>fr133</u> <u>19</u> <u> </u> <u> </u> <u> </u>	<u>fr134</u> <u>19</u> <u> </u> <u> </u> <u> </u>	Foot
	<u>fr135</u> <u>19</u> <u> </u> <u> </u> <u> </u>	<u>fr136</u> <u>19</u> <u> </u> <u> </u> <u> </u>	Toe
	<u>fr137</u> <u>19</u> <u> </u> <u> </u> <u> </u>		Other (specify) <u>fr138</u>

Falls and Fractures

260210 FORM NUMBER

fs 132

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Examiner's Number
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fs 133

<input type="checkbox"/>	In the past year have you accidentally fallen and hit the floor or ground? (code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unknown)
<i>fs 134</i> <input type="text"/> <input type="text"/>	How many times did you fall in the past year? (88=N/A, 99=Unk)

Fractures

<i>fs 135</i> <input type="checkbox"/>	Since Your Last Clinic Visit Have You Broken Any Bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)		
If 0 or 9 then skip	Left	Right	Location (code unknown as 00)
rest of table	<i>fs 136</i> <input type="text"/> <input type="text"/>	<i>fs 137</i> <input type="text"/> <input type="text"/>	Clavicle (collar bone)
If 1,2, fill <input checked="" type="checkbox"/>	<i>fs 138</i> <input type="text"/> <input type="text"/>	<i>fs 139</i> <input type="text"/> <input type="text"/>	Upper arm (humerus) or elbow
	<i>fs 140</i> <input type="text"/> <input type="text"/>	<i>fs 141</i> <input type="text"/> <input type="text"/>	Forearm or wrist
	<i>fs 142</i> <input type="text"/> <input type="text"/>	<i>fs 143</i> <input type="text"/> <input type="text"/>	Hand
	<i>fs 144</i> <input type="text"/> <input type="text"/>		Back (If disc disease only, code as no)
	<i>fs 145</i> <input type="text"/> <input type="text"/>		Pelvis
	<i>fs 146</i> <input type="text"/> <input type="text"/>	<i>fs 147</i> <input type="text"/> <input type="text"/>	Hip
	<i>fs 148</i> <input type="text"/> <input type="text"/>	<i>fs 149</i> <input type="text"/> <input type="text"/>	Leg
	<i>fs 150</i> <input type="text"/> <input type="text"/>	<i>fs 151</i> <input type="text"/> <input type="text"/>	Foot
	<i>fs 152</i> <input type="text"/> <input type="text"/>	<i>fs 153</i> <input type="text"/> <input type="text"/>	Toe
	<i>fs 154</i> <input type="text"/> <input type="text"/>		Other (specify) <i>fs 155</i>

Activities Questions -- Part D

FORM #27_10

OMB No=0925-0216

ft 154

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Examiner's Number for Activities - Part D
<i>ft 155</i> <input type="checkbox"/> <input type="checkbox"/> ✓	In the past year have you accidentally fallen and hit the floor or ground?
if yes, fill Ⓞ	(code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unk)
<i>ft 156</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	How many times did you fall in the past year? (99=Unknown)

Fractures		
<i>ft 157</i> <input type="checkbox"/> <input type="checkbox"/> ✓	Since Your Last Clinic Visit Have You Broken Any Bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)	
If 1,2 fill Ⓞ	Code year of fracture, example: If fracture occurred in 1999, code 1999 9999=Unknown	
	Left	Right
	Location	
<i>ft 158</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 159</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Clavicle (collar bone)
<i>ft 160</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 161</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Upper arm (humerus) or elbow
<i>ft 162</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 163</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Forearm or wrist
<i>ft 164</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 165</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Hand
<i>ft 166</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓		Back (If disc disease only, code as no)
<i>ft 167</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓		Pelvis
<i>ft 168</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 169</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Hip
<i>ft 170</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 171</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Leg
<i>ft 172</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 173</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Foot
<i>ft 174</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	<i>ft 175</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓	Toe
<i>ft 176</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓		Other (specify) <i>ft 177</i> ✓

+22

Activities Questions -- Part D

FORM #28_14

OMB No=0925-0216

FU462	Examiner's Number for Activities - Part D
FU463	Since your last exam have you accidentally fallen and hit the floor or ground?
if yes, fill	(code as no if during sports activity) (0=No, 1=Yes, 2=Maybe, 9=Unk)
	FU464 (99=Unknown)

Fractures		
FU465	Since your last exam or medical history update have you broken any bones? (Code: 0=No, 1=Yes, 2=Maybe, 9=Unknown)	
If 1,2 fill	Code year of fracture, example: If fracture occurred in 1999, code 1999 9999=Unknown	
	Left	Right
	FU466	FU467
	FU468	FU469
	FU470	FU471
	FU472	FU473
	FU474	
	FU475	
	FU476	FU477
	FU478	FU479
	FU480	FU481
	FU482	FU483
	FU484	
	Location	
	Clavicle (collar bone)	
	Upper arm (humerus) or elbow	
	Forearm or wrist	
	Hand	
	Back (If disc disease only, code as no)	
	Pelvis	
	Hip	
	Leg	
	Foot	
	Toe	
	Other (specify) _____	

TECH014