VA Male OP Project-Detailed Review Form- Diagnostic Studies

If applicable, at what anatomic site was the reference test performed?
(CHECK ALL THAT APPLY)

Spine ....❑
Femur ....❑
Radius ....❑

Patella..❑
Calcaneus ....❑
Finger ....❑

Other: _____ ....❑

Not applicable ....❑
Not reported ....❑

Who is studied?
(CHECK ALL THAT APPLY)

A. Not reported ❑
B. Unselected population ❑
C. Selected population ❑

Elderly ❑

Nursing home ❑
Referred ❑

Prior glucocorticoid use ❑
COPD ❑
Hypogonadal ❑

Excess alcohol ❑
Malabsorption ❑

Other: _____

What was the male sample size data? (Enter number or 9999 for not reported)

Enrolled: _____   Followed up: _____

What were the characteristics of the patient population?
(CHECK ALL THAT APPLY)

Caucasian ....❑
African Ancestry.....................................❑

Hispanic ....❑
Asian (non-Filipino) ....❑
Filipino ....❑

Native American ....❑
Eskimo/Inuit ....❑
Other (_____) ..❑
Veteran ....❑
Characteristics not reported ....❑

In what region did the study take place?
(CHECK ALL THAT APPLY)

US/Canada ....❑
Scandinavia..❑
Australia/NZ ....❑

Western Europe ....❑
Eastern Europe.......................................❑
Latin America ....❑

Middle East ....❑
India ....❑
Africa ....❑

Asia...❑

Other : _____ ....❑
Not reported ....❑

Does the article report sensitivity, specificity or data to construct 2 X 2 table?
(CHECK ALL THAT APPLY)

Sensitivity ....❑
Specificity ....❑
Correlation ....❑

Other : _____ ......❑
Not reported ....❑

VA Male OP Project-Detailed Review Form- Diagnostic Studies

Article ID:_____ Reviewer:_____

First Author: _____
(Last Name Only)

Study Number:
___of____Description:_____
(Enter '1 of 1' if only one)   (if more than one study)

If applicable, at what anatomic site was the study test performed?

(CHECK ALL THAT APPLY)

Spine..❏
Femur..❏
Radius...❏

Patella ....❏
Calcaneus ....❏
Finger ....❏

Other: _____ ....❏

Not applicable ....❏
Not reported ....❏

Do you think that this article might include the same data as another study?

(CIRCLE ONE)

Yes   1
No   2

If YES enter Trial name and/or IDs:

Trial name : _____

ID(s) : _____

What is the study test?

(CHECK ALL THAT APPLY)

Ultrasound, BUA   ❏
Ultrasound, SOS   ❏
Ultrasound, QUI   ❏

Peripheral bone density, pDXA   ❏
Peripheral bone density, SXA   ❏
Peripheral bone density, other: _____. ❏

Central DXA   ❏
Quantitative CT   ❏
Bone markers   ❏

Questionnaire, OST   ❏
Questionnaire, other: _____   ❏

Other: _____   ❏

Other: _____   ❏

What is the reference test?

(CHECK ALL THAT APPLY)

Ultrasound, BUA..❏
Ultrasound, SOS..❏
Ultrasound, QUI..❏

Peripheral bone density, pDXA ....❏
Peripheral bone density, SXA ....❏
Peripheral bone density, other: _____. ❏

Central DXA ....❏
Quantitative CT ....❏

Questionnaire, OST...❏
Questionnaire, other: _____ ......❏

Prior fractures...❏
Prior self-reported osteoporosis ....❏

Other: _____.......❏

Other: _____.......❏