

#### **Participant Telephone Interview**

MrOS ID#	Acrostic	Staff ID#	Initial Report D	ate:	
EF1ID	EF1ACROS	EF1STAF	Month /	EF1DATE	Year

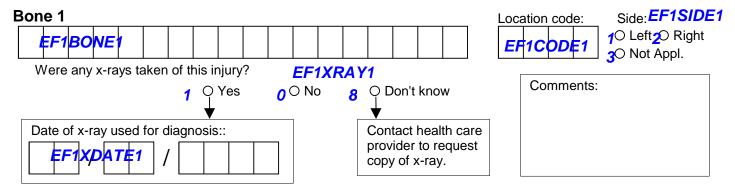
Fax completed form to fax server AND mail to Chris Schambach with appropriate documentation within 8 weeks of initial notification of fracture.

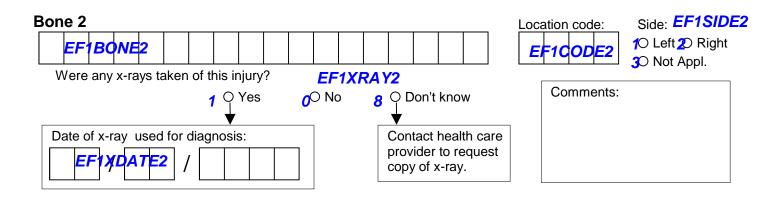
- 1 Complete the MrOS Fracture Source of Report Worksheet. Ensure contact information and hospital information is complete.
- 2 How many bone locations were involved in this fracture incident?



If more than 6 bone locations, complete an additional Initial Notification form and Fracture Report as needed, using a unique initial notification date. See protocol for details..

(3) What bone(s) did your health care provider say were broken? Please list:



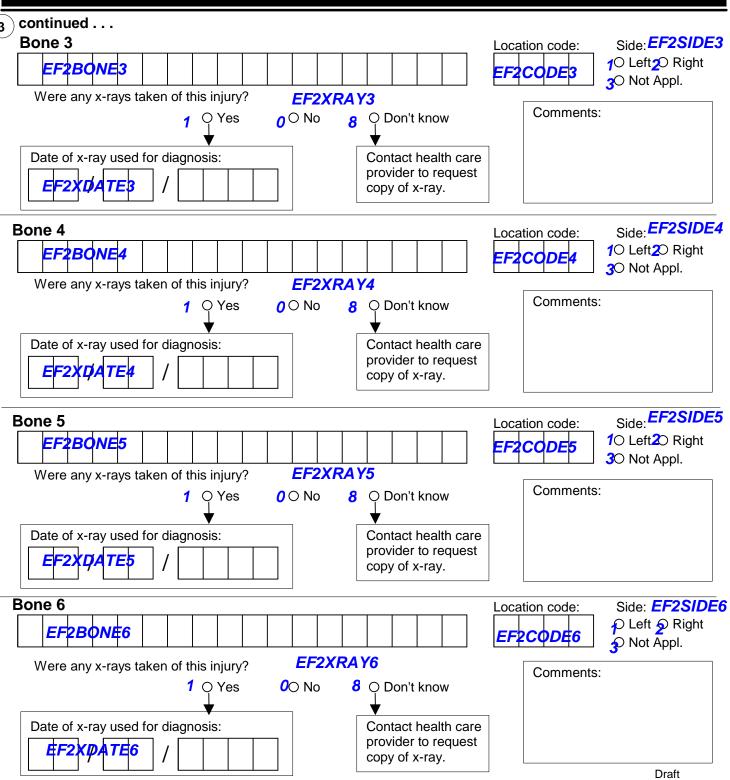






**Participant Telephone Interview** 









Participant Telephone Interview

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MrOS ID#	Acrostic	Staff ID#	Initial Report	Date:	
EF3ID	EF3ACROS	EF3STAF	Month /	EF3DA/TI	Year

Circumstances of fracture:	
4 Sources of information: (Mark all that apply)	oded as -1
O Participant O MD/Hospital O Contact/Pro  EF3SFPART EF3SFMD EF3SFCP  When did the fracture occur? (For vertebral and nor	•
	EF3DATEFX
(6) For vertebral fractures only: Did you go to the do	octor because of back pain?
○ Yes ○ No <b>EF3BKP</b>	AIN .
1 0	
Could you please tell me how your injury occured	
8 Degree of trauma: EF3FALL	
1 O Fall from standing height or less  This includes most injuries due to tripping over something, slipping in the shower or bathtub, or falling out of a chair (unless standing on it), in which the participant lands on the	4 O Minimal trauma other than a fall This includes vertebral fractures associated with coughing, stepping down a step, etc. and rib or other fractures associated with turning over in bed,etc.
<ul> <li>surface at the same height as the surface he was standing on.</li> <li>Fall on stairs, steps or curb This includes all falls during change of level, such as stepping up or down stairs, steps or curbs.</li> </ul>	
How many stairs or steps did you fall down?  Same level=0. Probe: 'How many stairs or steps was it from where you fell to where you landed?''	6 ○ Severe trauma other than a fall This includes motor vehicle accidents, struck by a car, hit by rapidly moving projectile (golf ball or golf club), assault.
O Fall from more than standing height, but NOT on stairs This includes falls from heights such as off a ladder or while standing on a table or chair, off a porch, out of a window, etc. The distance fallen refers to the distance between the standing surface and the surface the participant landed on. Subgroup as follows:	If motor vechile accident, speed of vehicle?  7 ○ Pathological fractures Usually associated with cancer in bone.  8 ○ Unknown/Don't know This includes situations where respondent cannot
<ul> <li>From the height of a stool, chair, first rung on a ladder or equivalent (about 20 inches.)</li> </ul>	remember when happened.
From higher than the height of a stool, chair, first rung of a ladder or equivalent. (Greater than or equal to 20	

**EF3HEIGHT** 

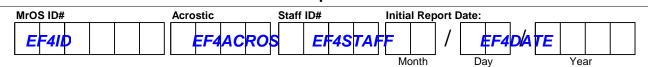
inches.)

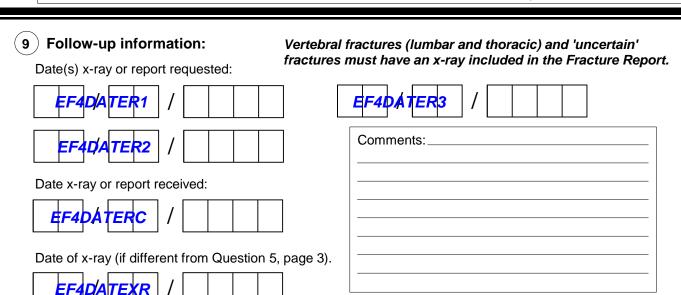




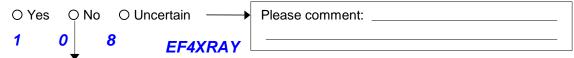


**Clinic Completed Form** 





(10) Does documentation include a radiologist's report?



Does documentation include orthopedic notes, if the x-ray was read by a Board certified Orthopedist? O Yes O No **EF4ORTH** 0 If neither a radiologist's report nor a board certified orthopedists's notes are available, is a copy of the x-ray included? 1 ○ Yes 0 O No EF4XR Please comment: \_





#### **MrOS Fracture Adjudication**

**Coordinating Center Completed Form** 

		•				
MrOS ID#	Acrostic S	Staff ID#	Initial Report D	ate:		
EF5ID	EF5ACROS	EF5STAF	Month /	EF5DA	Year	
			MONTH	Day	rear	

Bone 1 Initial diagnosis: Name of bone 1: \_\_ Physician Adjudicator reviewed? 1 ○ Yes 0 ○ No EF5RVIEW1 Adjudication Code: EF5CON1 Stop. Go to Next Bone or End of Report. 10 Confirmed Fracture 2 0 Not a fracture 30 Uncertain 40 Unobtainable 50 Undocumented Final location code, bone 1 Final side, bone 1 Date of fracture, bone 1 10 Left20 Right 30 Not Appl. **EF5SIDE1F** EF5DATE1 Was the fracture a stress fracture? Was the fracture a pathological fracture? EF5PATH1 O No O Yes EF5PROS1 O Yes Was the fracture near a prosthesis (peri-prosthesis)? O No 0 1

Bone 2

replace 1 with 2 eg EF5PROS1 is EF5PROS2

Bone 3

replace 1 with 3 eg EF5PROS1 is EF5PROS3

Bone 4

replace 1 with 4 eg EF5PROS1 is EF5PROS4







# MrOS Fracture Adjudication Coordinating Center Completed Form

2.4.1	0 0 0 1 0 1 1 1 1 0 1	9		· <del>-</del>		
MrOS ID#	Acrostic	Staff ID#	Initial Report D	Date:		
EF6ID	EF6ACF	ROS EF6S	TAFF /	EF6DA	TE	
			Month	Day	Year	

Bone 5 Initial diagnosis: Name of bone 5: Physician Adjudicator reviewed? 1 ○ Yes 0 ○ No EF6RVIEW5
Adjudication Code: <b>EF6CON5</b> Stop. Go to Next Bone or End of Report.  10 Confirmed Fracture 2 0 Not a fracture 30 Uncertain 40 Unobtainable 50 Undocumented
Final location code, bone 5  Final side, bone 5  10 Left20 Right  30 Not Appl.  Final side, bone 5  1 EF6SIDE5F  Final side, bone 5  1 EF6DATE5
Was the fracture a stress fracture?  O Yes O No EF6STRS5  1 0 O Yes O No EF6PATH5
Was the fracture near a prosthesis (peri-prosthesis)? O Yes O No  1 0
Bone 6 replace 5 with 6 eg EF6PROS5 is EF6PROS5
Comments:
Signature of Physician Adjudicator:







#### **MrOS Fracture Initial Notification**



Submit completed form to the data system within 5 working days of clinic notification of the fracture.

○ Yes	○ No	○ Particip	ant refused to provide information
1 🗼	<b>o</b> ↓	3	<b>↓</b>
Complete and send this page to the CC immediately. Complete Fracture Report	provider for his in  O Yes O No —  1 0  EFXDI  Contact part physician for in	•	
2 Date of fracture:	Month Day	/ Year	<b>EFXDATEFX</b> Date of fracture must be after enrollment date.
Date fracture reported to clinic:	Month Day	/ Year	EFXDATERP
4 Source of report:	<b>EFXSOURCE</b>		
	s clinic	5 O MrOS Clini	ic Visit (not baseline)
2 O Surrogate calls	s clinic	6 ○ Health care	e provider
3 ○ Returned tri-ar	nnual questionnaire	<b>7</b> ○ Hospital di	scharge record
<ul><li>4 ○ Follow-up tele</li><li>9 ○ Other, please</li></ul>		questionnaire ○ Death certi	ificate

(5) Complete the MrOS Fracture Contact Information Worksheet. Ensure contact information and hospital information is complete.



