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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit AA

Demographics

General

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.

HEALTH AND PERSONAL HISTORY

Clinic use only

ID _____

Date _____

WHAT WE'RE ASKING YOU TO DO:

- Please answer the questions on the following pages as completely as you can. Read the questions carefully.
- If you don't understand some of the questions, leave those questions blank until your clinic visit. We can help you finish filling out the form at that time.
- Take your time. You don't have to fill it out all at once. You may get help from relatives or friends if needed.
- Some questions have arrows that will help you in finding the next question. A person who drinks 3 glasses of milk every day would answer the question below this way:

EXAMPLE:

Do you drink milk every day or almost every day? (MARK ONE BOX.)

Yes No Don't know

PLEASE GO TO NEXT QUESTION

IF YES, about how many glasses of milk do you drink a day? 3 glasses.

If the answer is "NO" or "DON'T KNOW," then go on to the next question.

- Mark only one box for each question, unless the directions tell you differently.

5. How old are you? _____ years.

6. When were you born? _____ / _____ / _____
Month Day Year

AAAGE

7. What is your Social Security number? _____ - _____ - _____

8. What is your Medicare number? _____ - _____ - _____

9. Please write down the following information for two persons who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. Neither person has to be a local person.

Contact person number one:

Name: _____
First Middle Initial Last

Address: _____
Number Street Apt/Room Number

City State Zip Code

Telephone: (_____) _____
Area Code Number

12. Who is your next of kin?

a. Name: _____

First

Middle Initial

Last

Address: _____

Number

Street

Apt/Room Number

City

State

Zip Code

Telephone: (_____) _____

Area Code

Number

b. How is this person related to you?

13. Please circle the highest grade or year of school that you completed.

AAEDUC

Elementary	1	2	3	4	5	6	7	8
High School	9	10	11	12				
College Training	1	2	3	4				
Post Graduate	1	2	3+					

clinic use ed _____

14. If you have ever been married, please circle the highest grade or year of school that your husband completed. (If married more than once, answer for your husband from your longest marriage.)

AAHEDUC

Elementary	1	2	3	4	5	6	7	8
High School	9	10	11	12				
College Training	1	2	3	4				
Post Graduate	1	2	3+					

clinic use ed _____
