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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

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Female History

Breast exam/Breast cancer

Form Type: Self-Administered Questionnaire

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.

Breast Cancer

69. Have you ever had a mammogram (x-ray of the breasts?)

AAMAMMO

Yes

No

Don't know

PLEASE GO TO QUESTION 70

If Yes:

a. When was your last mammogram? (Please give your best guess).

AAMAMDT

_____/_____
Month Year

b. What is the full name and address of the doctor, clinic, or hospital where the mammogram was done?

Name: _____

Address: _____

City

State

Zip Code

c. What was the result of the mammogram?

- normal
- benign (not cancerous) changes
- possible malignant (cancerous)
- cancer
- don't know

d. When was a repeat mammogram recommended? **AAMAMREP**

- immediately/ASAP
- less than one year
- one year
- two years
- other (specify): _____
- was not recommended

70. Did your natural mother ever have breast cancer?

AAMCANC

Yes No Don't know

PLEASE GO TO QUESTION 71

If yes, what was her age at the time of diagnosis: _____ years

71. Has any of your full sisters(same mother and father as you) ever had breast cancer?

AASCANC

Yes No Don't know Don't have any full sisters

PLEASE GO TO QUESTION 72

If yes, please write down the first name of each sister with breast cancer and her age when the condition was first diagnosed.

First name (s):	Age when first diagnosed:
_____	_____ years
_____	_____ years
_____	_____ years

72. Has a doctor EVER told you that you had breast cancer?

Yes No

Clinic Use Only
IF YES, complete the SOF Breast Cancer Questionnaire