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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit AA**

### **Female History**

#### General

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.

## FEMALE HISTORY

**23.** Have you ever been pregnant? (Mark "Yes" even if your pregnancy did not result in a live child.)

**AAPREG**

Yes

No

Don't  
know

PLEASE GO TO QUESTION 24

**IF YES:**

a. How old were you when your first child was born?<sup>++</sup>

**AAPGBORN**

\_\_\_\_\_ years old

*++Changed from continuous to categorical variable to ensure confidentiality*

b. How many of your pregnancies resulted in the birth of a live child?

**AANPREG**

\_\_\_\_\_ pregnancies.

c. How many of your pregnancies lasted **6 months or longer**, but ended in still birth?

**AANPREG6**

\_\_\_\_\_ pregnancies. **AAPREG6P**

**24.** About how old were you when you had your first menstrual period?

**AAPR1**

\_\_\_\_\_ years old  Don't know  I never had menstrual periods

**25.** How old were you at the time of your **last** natural menstrual period?  
(Do not include menstrual bleeding due to taking female hormone pills.)

**AAMENAG2**

\_\_\_\_\_ years old  Don't know  I never had menstrual periods

**AAMENYRS**

**26.** Have you ever had a hysterectomy (surgery to remove your uterus or womb)?

**AAHYSTER**

Yes

No

Don't know

**AASRGMEN**

**PLEASE GO TO QUESTION 27**

**IF YES:**

a. How old were you when you had this surgery?

**AAHYSAGE**

I was \_\_\_\_\_ years old. Don't know

b. Did you still have menstrual periods after this surgery?

**AASTPER**

Yes

No

Don't know

**27.** Have you ever had an ovary removed?

**AAOVARY**

Yes

No

Don't know

**PLEASE GO TO QUESTION 28**

**IF YES:**

a. How many ovaries were removed?

**AAOVARY**

One

Two (both)

Don't know

b. At what age(s) did you have this done?

**AAOVAGE** When I was: \_\_\_\_\_ years old. Don't know

**AAOVAGE2** \_\_\_\_\_ years old. Don't know