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# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit AA**

### **Fractures and Falls History**

#### History of Fractures

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.

# FAMILY HISTORY OF BROKEN BONES AND FRACTURES

**15.** Has a **doctor** ever said that you had a broken or fractured bone?  
(MARK ONE BOX.)

**AADO CF**

Yes

No

Don't know

**PLEASE GO TO QUESTION 16**

**IF YES,** please write down the names of all the bones you have broken (for example, "wrist" or "spine") and your age when you broke that bone.

Broken Bone	Age When Broken	Clinic Use
_____	_____	Hip Hosp Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>

**AAF X50**

**AAF XSPN**

**16.** How tall were you without shoes on at about age 25?  
If you don't remember exactly, give your best estimate.

\_\_\_\_\_ feet \_\_\_\_\_ inches

**17.** What was your usual weight at about age 25 (at a time you were not pregnant)?  
If you don't remember exactly, give your best estimate.

\_\_\_\_\_ pounds

**18.** Did any of your full sisters ever break or fracture her hip?

**AASISFXH**

Yes

No

Don't know

Don't have any sisters

**PLEASE GO TO QUESTION 19**

**IF YES,** write down the first name of each sister who broke or fractured a hip and her age when she broke it.

First name(s)

Age when broken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AASISHIP**

**19.** Did your MOTHER ever break or fracture a bone? (Please answer for your natural mother - - the mother who gave birth to you.) (MARK ONE BOX.)

**AAMOM**

Yes

No

Not that I know of

Don't know

**PLEASE GO TO QUESTION 20**

**IF YES,** please write below each bone your mother broke and her age when she broke that bone.

Broken bone

Age when broken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AAMOMFX**

**AAMHIP50**

**AAMOMWR**

**20.** Is your natural mother still living? (MARK ONE BOX.)

Yes

No

Don't know

**IF NO,** how old was your mother when she died? \_\_\_\_\_ years old.

**IF YES,** how old is your mother now? \_\_\_\_\_ years old.

**21.** Did your natural FATHER ever break or fracture a bone? (MARK ONE BOX.)

**AADAD**

Yes       No       Not that I know of       Don't know

PLEASE GO TO QUESTION 22

**IF YES,** please write below each bone your father broke and his age when he broke that bone.

Broken bone

Age when broken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AADADFX**

**AADADHIP**

**AADADWR**

**22.** Is your natural father still living? (MARK ONE BOX.)

Yes       No       Don't know

**IF NO,** how old was your father when he died? \_\_\_\_\_ years old.

**IF YES,** how old is your father now? \_\_\_\_\_ years old.

**67 cont.** Has a doctor ever told you that you have:

**IF YES,**  
are you currently  
being treated for  
this condition by a  
doctor?

k. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD

No

Yes →

No

Yes

l. Arthritis of hips

No

Yes →

No

Yes

m. Arthritis of knees

No

Yes →

No

Yes

n. Osteoarthritis or degenerative arthritis

No

Yes →

No

Yes

o. Rheumatoid arthritis

No

Yes →

No

Yes

p. Hyperthyroidism (high thyroid)

No

Yes →

No

Yes

q. High blood pressure

No

Yes →

No

Yes

r. Fracture of the spine or fracture of the vertebrae

No

Yes →

No

Yes

**AAVERT**

s. Osteoporosis, thin or brittle bones

No

Yes →

No

Yes

**AAOSTFX**