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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

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Lifestyle

Caffeine Use

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.

Caffeine

47. Do you currently drink **REGULAR** coffee? (NOT DECAFFEINATED.)

AACCOF

Yes

No

PLEASE GO TO QUESTION 48

AACOFMGC

If yes, how many cups of **REGULAR** coffee do you drink per day?

AACCUP

_____ cups

(less than one cup per day = 0.5)

48. Do you currently drink **REGULAR** tea? (NOT HERBAL OR DECAFFEINATED.)

AACTEA

Yes

No

PLEASE GO TO QUESTION 49

AATEAMGC

If yes, how many cups of **REGULAR** tea do you drink per day?

AATCUP

_____ cups

(less than one cup per day = 0.5)

49. Do you currently drink sodas that **contain caffeine**, such as Pepsi, Coca-Cola, Tab, and Mountain Dew?

AACCOK

Yes

No

PLEASE GO TO QUESTION 50

AACOKMGC

If yes, how many cans of **caffeinated soda** do you drink per day?

AACOKCAN

_____ cans

(less than one can per day = 0.5)

AACAFGDC