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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit AA**

#### **Lifestyle**

##### Smoking

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.

## SMOKING

**51.** Have you smoked at least 100 cigarettes in your entire life?

**AASMKEVR**

Yes

No

Don't  
know

PLEASE GO TO QUESTION 52

**IF YES:**

a. About how old were you when you first started smoking cigarettes fairly regularly?

**AASKAGE**

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

b. On the average of the entire time you have smoked, how many cigarettes did you usually smoke per day?

\_\_\_\_\_ cigarettes.

c. Do you smoke cigarettes now? **AASMKNOW**

Yes

No

**AASMOKE**

**AAPACKYR**

**AASMYRST**

**AASKMEN**

**IF NO**, how old were you when you stopped smoking?

I was \_\_\_\_\_ years old.

**AASKSTP**

**IF YES**, on the average, about how many cigarettes a day do you smoke now?

**AANCIG**

\_\_\_\_\_ cigarettes.