Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit AA

Medical History

Cancer history

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.

68. Has a doctor **EVER** told you that you have cancer?

AAECANCR

Yes ☐ → | No ☐ → | Don't know ☐ →

PLEASE GO TO QUESTION 69

If yes, please specify the kind of cancer(s). (Check all that apply.)

AAEBC

			IF YES, are you currently being treated for this cancer by a doctor?	
a. Breast cancer	☐ No	☐ Yes →	☐ No	☐ Yes
b. Colon (bowel) or rectum cancer	☐ No	☐ Yes →	☐ No	☐ Yes
c. Lung cancer	☐ No	☐ Yes →	☐ No	☐ Yes
d. Skin cancer	☐ No	☐ Yes →	☐ No	☐ Yes
e. Cancer of the uterus (womb), endometrial cancer	☐ No	☐ Yes →	☐ No	☐ Yes
f. Ovarian cancer	☐ No	☐ Yes →	☐ No	☐ Yes
g. Cancer of the cervix	☐ No	☐ Yes →	☐ No	☐ Yes
h. Other:_____	☐ No	☐ Yes →	☐ No	☐ Yes