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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

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Quality of Life

Self-rated health

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.

Questions 28- 37 ask about events that have taken place over the LAST 12 MONTHS

Falls

28. IN THE LAST 12 MONTHS, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

Yes No Don't know

PLEASE GO TO QUESTION 29

IF YES:

a. How many times have you fallen in the last 12 months?

_____ falls

b. When you fell during the last 12 months, did you fracture any bones?

Yes No

Which bones? **PLEASE GO TO QUESTION 29**

1. _____

2. _____

3. _____

29. COMPARED TO 12 MONTHS AGO, how would you rate your overall health?

AACMP12

- Much better now Somewhat worse now
- Somewhat better now Much worse now
- About the same now

30. Compared to other people your own age, how would you rate your overall health?

AACOMP

- Excellent for my age Poor for my age
- Good for my age Very poor for my age
- Fair for my age