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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit AA**

#### **Quality of Life**

Social Network and Support, Living   
Arrangement

Form Type: Clinic Interview

#### **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.

**Contact person number two:**

Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last

Telephone: (        ) \_\_\_\_\_  
                    Area Code                                    Number

**10.** Do you have a doctor or place that you usually go to for health care or advice about your health care? (MARK ONE BOX.)

Yes

No

**PLEASE GO TO QUESTION 11**

**IF YES,** please write down the name, address and telephone number of the doctor or place that you usually go to for your health care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number                                    Street                                    Apt/Room Number

\_\_\_\_\_  
                    City                                    State                                    Zip Code

Telephone: (        ) \_\_\_\_\_  
                    Area Code                                    Number

**11.** What is your current marital status? (MARK ONE BOX.)

**AAMARRY**

Married                                     Divorced

Widowed                    \*  Never Married

\*  Separated

\* Categories with the same symbol have been combined into a single category.