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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### Visit 1

#### Female History

Breast exam/Breast cancer

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.

These questions were asked only at the first annual visit.

## FAMILY HISTORY OF BREAST CANCER

We are interested in finding out whether you or any of your close female relatives has ever had breast cancer, and if so, the age at which the breast cancer was first diagnosed by a doctor.

1. Have you ever had breast cancer?

**V1BCANC** Yes  No  Don't know

PLEASE GO TO QUESTION 2

**V1CAGE** IF YES, your age at the time of diagnosis: \_\_\_\_\_ years<sup>++</sup>

++Changed from continuous to categorical variable to ensure confidentiality

2. Did your natural mother ever have breast cancer?

**V1MCANC** Yes  No  Don't know

PLEASE GO TO QUESTION 3

**V1MAGE** IF YES, what was her age at the time of diagnosis? \_\_\_\_\_ years<sup>++</sup>

++Changed from continuous to categorical variable to ensure confidentiality

3. Has any of your full sisters (same mother and father as you) ever had breast cancer?

**V1SCANC** Yes  No  Don't know  Don't have any full sisters

PLEASE GO TO NEXT PAGE

IF YES, please write down the first name of each sister with breast cancer and her age when the condition was first diagnosed: **V1SAGE**

<u>First name(s):</u>	<u>Age when first diagnosed:</u>
_____	_____ years
_____	_____ years
_____	_____ years