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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Fractures and Falls History

History of Falls

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.

47. DURING THE PAST 12 MONTHS, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or stair?

V1FALL

Yes No Don't know

PLEASE GO TO QUESTION 48

IF YES:

a. How many times have you fallen in the past 12 months? **V1NFALL**

one 2 or 3 4 or 5 6 or more

b. When you fell during the past 12 months, which of the following injuries did you have? (MARK ALL THAT APPLY TO YOU.)

V1FBONE I broke or fractured a bone

V1FINJ **V1FHEAD** I hit or injured my head

V1FSPRN I had a sprain or a strain

V1FBRUS I had a bruise or bleeding

V1FOINJ I had some other kind of injury

(Please describe: _____)

V1FNINJ I did not have any injuries from a fall in the past 12 months

48. Do you have any fear of falling?

V1FFEAR

Yes No Don't know

PLEASE GO TO QUESTION 49

IF YES:

How fearful are you of falling? **V1HFPEAR**

a little fearful very fearful

moderately fearful

44. Have you ever had surgery to remove all or part of your stomach?

Yes

No

Don't know

PLEASE GO TO QUESTION 45

IF YES, how old were you when you had this surgery? _____ years old.

45. DURING THE PAST 12 MONTHS, have you fainted, blacked out, or lost consciousness?

V1FAINT

Yes

No

Don't know

PLEASE GO TO QUESTION 46

IF YES, how many times has this happened to you in the past 12 months?

One

Two or three

Four or more

V1NFAINT

46. DURING THE PAST 12 MONTHS, have you been a patient in a hospital at least overnight?

Yes

No

Don't know

PLEASE GO TO QUESTION 47

IF YES, how many different times during the past 12 months were you a patient in a hospital at least overnight? _____ times.