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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Lifestyle

Diet

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.

V1CAWK20

V1PHWK20

V1PRWK20

DIET

56. These questions are about your usual eating habits for certain foods during the past 12 months. Please write down how often you eat each food on the lines next to the type of food.

For example, a person who drinks apple juice three times a week would write:

Apple Juice _____ time(s) per _____

A person who drinks apple juice about once every other month would write:

Apple Juice _____ time(s) per _____

DAIRY PRODUCTS

How often do you eat.....?

Cottage cheese _____ time(s) per _____

Other cheeses and
cheese spreads _____ time(s) per _____

Milk, including skim milk _____ time(s) per _____

Milk or cream in
coffee or tea _____ time(s) per _____

Yogurt _____ time(s) per _____

MEAT/MIXED DISHES/LUNCH ITEMS

Hamburgers, cheeseburgers,
meat loaf _____ time(s) per _____

Beef-steaks, roast beef _____ time(s) per _____

Chicken or turkey _____ time(s) per _____

Pork, including chops
and roast _____ time(s) per _____

Clinic Use	
freq.	size
_____ D W M Y	S M* L
_____ D W M Y	S M* L
_____ D W M Y	S M* L
_____ D W M Y	S M L
_____ D W M Y	S M L
_____ D W M Y	S M* L
_____ D W M Y	S M* L
_____ D W M Y	S M* L
_____ D W M Y	S M* L

MEAT/MIXED DISHES/LUNCH ITEMS

How often do you eat.....?

Hot dogs _____ time(s) per _____

Ham, lunch meats _____ time(s) per _____

Mixed dishes with cheese
(such as macaroni and
cheese) _____ time(s) per _____

BREADS

Breads, rolls, crackers
(including sandwiches) _____ time(s) per _____

Corn bread, corn muffins,
corn tortillas _____ time(s) per _____

BREAKFAST FOODS

Hot or cold cereals, with milk _____ time(s) per _____

Eggs _____ time(s) per _____

SWEETS

Ice cream _____ time(s) per _____

Doughnuts, cookies,
cake, pastry _____ time(s) per _____

FRUITS & VEGETABLES

Orange juice _____ time(s) per _____

Green salad _____ time(s) per _____

freq.	Clinic Use size
_____ D W M Y	S M L
_____ D W M Y	S M * L
_____ D W M Y	S M * L
_____ D W M Y	S M L
_____ D W M Y	S M * L
_____ D W M Y	S M * L
_____ D W M Y	S M L
_____ D W M Y	S M * L
_____ D W M Y	S M L
_____ D W M Y	S * M L
_____ D W M Y	S M L

57. For the period of your life indicated below, please mark the box over the words that best describe how often you drank milk. (Include whole, lowfat, and skim milk.)

a. When I was in my teens (ages 12-17), I drank milk: (Mark one.)

about every
meal (3 or more
glasses a day)

about every day
but not every meal
(1 or 2 glasses a day)

every week,
but not
every day

rarely or
never

V1MILK12

V1CAMK12

b. When I was pregnant or breast-feeding, I drank milk: (Mark one.)

about every
meal (3 or more
glasses a day)

about every day
but not every meal
(1 or 2 glasses a day)

every week,
but not
every day

rarely or
never

V1MILKPG

V1CAMKPG

I was never pregnant and never breast-fed a child

c. When I was ages 18-50 (not including times I was pregnant or breast-feeding), I drank milk: (Mark one.)

about every
meal (3 or more
glasses a day)

about every day
but not every meal
(1 or 2 glasses a day)

every week,
but not
every day

rarely or
never

V1MILK18

V1CAMK18

d. From age 50 on, I drank milk: (Mark one.)

about every
meal (3 or more
glasses a day)

about every day
but not every meal
(1 or 2 glasses a day)

every week,
but not
every day

rarely or
never

V1MILK50

V1CAMK50