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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Medical History

General Medical Conditions

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.

MEDICAL CONDITIONS

Clinic use only

ID _____

Nmcd. _____

Date _____

HAS A DOCTOR EVER TOLD YOU THAT YOU HAD:

36. Diabetes or sugar diabetes?

V1EDIAB

Yes

No

Don't know

PLEASE GO TO QUESTION 37

IF YES:

a. How old were you when a doctor first told you this?

V1EDAGE

I was _____ years old.

V1DIABYR

b. Do you currently use insulin?

Yes

No

Don't know

V1DIABCL

37. High thyroid, Graves' disease, or an overactive thyroid gland?

V1EHTHY

Yes

No

Don't know

PLEASE GO TO QUESTION 38

IF YES, how old were you when a doctor first told you this?

V1HYAGE

I was _____ years old.

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

V1STSRG

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?

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

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.