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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 1**

#### **Medical History**

##### Hospitalization

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.

**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?

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?

**V1HSP**

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. <sup>++</sup>

**V1NHSP**

<sup>++</sup>Changed from continuous to categorical variable to ensure confidentiality

(These questions were asked only at the first annual visit)

## HOSPITAL AND NURSING HOME ADMISSIONS

**11a.** Since you first visited the study clinic (about 12 months ago), have you been a patient in a hospital overnight or longer?

Yes

No

Don't know

**PLEASE GO TO QUESTION 11b**

**IF YES,** how many different times during the past 12 months were you a patient in a hospital overnight or longer? \_\_\_\_\_ times

**11b.** Since you first visited the study clinic (about 12 months ago), have you been a resident or a patient in a nursing home? Include time spent in a rehabilitation hospital or center.

Yes

No

Don't Know

**PLEASE GO TO QUESTION 12**

**IF YES:**

a. While you were there, did you receive medical care or nursing care?

Yes

No

Don't know

b. Are you currently a resident or patient in a nursing home?

Yes

No

Don't know

c. During the past 12 months, about how many weeks altogether were you a resident or a patient in a nursing home?

\_\_\_\_\_ weeks