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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### Visit 1

#### Medical History

Osteoporosis

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.

# HAS A DOCTOR EVER TOLD YOU THAT YOU HAD:

**38.** Osteoporosis, sometimes called thin or brittle bones?

**V1EOSTEO**

Yes       No       Don't know

**PLEASE GO TO QUESTION 39**

**IF YES**, how old were you when a doctor first told you this?  
I was **V1OSAGE** \_\_\_\_\_ years old.

**39.** Fracture of the spine or fracture of the vertebrae?

Yes       No       Don't know

**PLEASE GO TO QUESTION 40**

**IF YES**, how old were you when a doctor first told you this?  
I was \_\_\_\_\_ years old.

**40.** A stroke, a blood clot in the brain, or bleeding in the brain?

Yes       No       Don't know

**PLEASE GO TO QUESTION 41**

**IF YES**, as a result of a stroke do you now have:

a. any weakness of an arm or hand?  
Yes       No       Don't know

b. any weakness of a leg or foot?  
Yes       No       Don't know