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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Quality of Life

Social Network and Support, Living
Arrangement

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.

Contact person number two:

Name: _____
First Middle Initial Last

Telephone: (_____) _____
Area Code Number

10. Do you have a doctor or place that you usually go to for health care or advice about your health care? (MARK ONE BOX.)

Yes
↓

No
↓

PLEASE GO TO QUESTION 11

IF YES, please write down the name, address and telephone number of the doctor or place that you usually go to for your health care:

Name: _____

Address: _____
Number Street Apt/Room Number

City State Zip Code

Telephone: (_____) _____
Area Code Number

11. What is your current marital status? (MARK ONE BOX.)

V1MARRY

- Married Divorced
- Widowed Never Married
- Separated

12. Do you live by yourself or do you live with other people (share a house, apartment, etc.)?

V1ALONE

- Live alone
- Live with one or more people