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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 2**

#### **Female History**

Breast exam/Breast cancer

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.

**21.** Has a doctor ever told you that you had a tendency to develop lumps or cysts in your breasts (fibrocystic breast disease)?

Yes                       No                       Don't know

↓                                      ↓                                      ↓

**PLEASE GO TO QUESTION 22**

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

**22.** Have you ever had surgery on your breast(s)?

V2BSRG

Yes                       No                       Don't know

↓                                      ↓                                      ↓

**PLEASE GO TO QUESTION 23**

**IF YES**, have you ever had.....

<u>Type of surgery</u>	<u>Side(s)</u>
<input type="checkbox"/> Removal of entire breast (Mastectomy)	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both
<b>V2MAST</b>	
<input type="checkbox"/> Removal of cyst or lump	<input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both
<b>V2LUMP</b>	
<input type="checkbox"/> Other _____	
<b>V2OTHBR</b>	