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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Fractures and Falls History

History of Falls

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.

FALLS AND FRACTURES

4. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR OUR STUDY (ABOUT 12 MONTHS AGO), has a doctor told you that you had a broken or fractured bone?

Yes No Don't know

↓ ↓ ↓

PLEASE GO TO QUESTION 5

IF YES, which bone(s)? _____

5. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR OUR STUDY (ABOUT 12 MONTHS AGO), have you fallen and landed on the floor or ground, or fallen and hit an object like a table or stair?

V2FALL Yes No Don't know

↓ ↓ ↓

PLEASE GO TO QUESTION 6

IF YES:

a. How many times have you fallen in the past 12 months?

V2NFALL _____ falls

b. When you fell during the past 12 months, which of the following injuries did you have? (MARK ALL THAT APPLY TO YOU.)

V2FBONE I broke or fractured a bone ---> Which bone(s)? _____

V2FINJ I hit or injured my head _____

V2FSPRN I had a sprain or a strain

V2FBRUS I had a bruise or bleeding

V2FOINJ I had some other kind of injury
(Please describe: _____)

V2FNINJ I did not have any injuries from a fall in the past 12 months

6. DURING THE PAST 12 MONTHS, have you fainted, blacked out, or lost consciousness?
V2FAINT

Yes

No

Don't know

PLEASE GO TO QUESTION 7

IF YES, how many times has this happened to you in the past 12 months?

One

Two or three

Four or more

V2NFAINT

7. DURING THE PAST 12 MONTHS, have you been a patient in a hospital overnight or longer?

Yes

No

Don't know

PLEASE GO TO QUESTION 8

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