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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Fractures and Falls History

History of Fractures

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?

Yes

No

Don't know

PLEASE GO TO QUESTION 6

IF YES:

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

_____ falls

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

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

I hit or injured my head _____

I had a sprain or a strain

I had a bruise or bleeding

I had some other kind of injury

(Please describe: _____)

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

11. Did any of your full sisters ever break or fracture her wrist or forearm?

V2SISFXW

Yes

No

I never had
any sisters

Don't
know

V2SISWR

PLEASE GO TO QUESTION 12

IF YES, write down the first name of each sister who broke or fractured a wrist or forearm and her age when she broke it.

First name(s)

Age when broken

Clinic use:

S# _____

S# _____

S# _____

S# _____

S# _____

S# _____

FAMILY HISTORY OF STROKE

12. Did your mother ever have a stroke?

Yes

No

Don't
know

PLEASE GO TO QUESTION 13

IF YES, how old was she when she had her first stroke?

_____ years old.

13. Did your father ever have a stroke?

Yes

No

Don't
know

PLEASE GO TO QUESTION 14

IF YES, how old was he when he had his first stroke?

_____ years old.

MEDICAL CONDITIONS

**SINCE YOU LAST VISITED OUR CLINIC
(ABOUT 2 YEARS AGO):**

23. Has a doctor told you that you had osteoporosis, sometimes called thin or brittle bones?

Yes

No

Don't know

PLEASE GO TO QUESTION 24

IF YES, in what year did a doctor tell you this?

19 _____

V2OSTFX

24. Has a doctor told you that you had a fracture of the spine or fracture of the vertebrae?

V2VERT

Yes

No

Don't know

PLEASE GO TO QUESTION 25

IF YES, in what year did a doctor tell you this?

19 _____

25. Has a doctor told you that you had a stroke, a blood clot in the brain, or bleeding in the brain?

Yes

No

Don't know

PLEASE GO TO QUESTION 26

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