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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

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Lifestyle

Smoking

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.

34. Has there ever been a period in your life when you drank colas that contain caffeine, such as Coca-Cola, Pepsi, Tab, and others containing caffeine, every day or almost every day?

Yes No Drank cola, but only occasionally

PLEASE GO TO QUESTION 35

Do you currently drink cola with caffeine in it?

Yes No

IF YES:
On a typical day, about how many 12-oz cans or bottles of cola do you drink per day?
_____ cans/bottles

IF NO:
Before you stopped, on a typical day about how many 12-oz cans or bottles of cola did you drink?
_____ cans/bottles

35. Do you smoke cigarettes now?

V2SMOK Yes No

IF YES, on the average about how many cigarettes a day do you smoke now?
V2NCIGD
_____ cigarettes per day.

PLEASE GO TO QUESTION 36