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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Medical History

Hospitalization

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.

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

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

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

V2HSP

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 ++

V2NHSP

++Changed from continuous to categorical variable to ensure confidentiality