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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 2

Medical History

Osteoporosis

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.

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?

V2SOSTEO

Yes

No

Don't know

PLEASE GO TO QUESTION 24

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

19_____ **V2SOSTY**

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

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