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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### Visit 3

#### 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

**5.** SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR OUR STUDY (3rd Annual: About 12 months), has a doctor told you that you had a broken or fractured bone?

Yes                       No                       Don't know

**PLEASE GO TO QUESTION 6**

**IF YES,** which bone(s)? \_\_\_\_\_

\_\_\_\_\_

**6.** SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR OUR STUDY (3rd Annual: About 12 months), 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 7**

**IF YES:**

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

**V3NFALL** \_\_\_\_\_ falls

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

**V3FBONE**  I broke or fractured a bone ---> Which bone(s)? \_\_\_\_\_

**V3FINJ** **V3FHEAD**  I hit or injured my head \_\_\_\_\_

**V3FSPRN**  I had a sprain or a strain

**V3FBRUS**  I had a bruise or bleeding

**V3FOINJ**  I had some other kind of injury  
(Please describe: \_\_\_\_\_)

**V3FNINJ**  I did not have any injuries from a fall in the past 12 months

7. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY (3rd Annual: During the past 12 months), have you fainted, blacked out, or lost consciousness?

V3FAINT

Yes

No

Don't know

PLEASE GO TO QUESTION 8

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

One

Two or three

Four or more

V3NFAINT

8. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY (SEE PAGE 3 FOR DATE), have you been a patient overnight or longer in a nursing home or convalescent home?

Yes

No

Don't know

PLEASE GO TO QUESTION 9

IF YES, how many weeks altogether were you a patient in a nursing home or convalescent home? \_\_\_\_\_ weeks