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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

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

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?

V3DOCF

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?

_____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

MEDICAL CONDITIONS

SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY (3rd Annual: During the past 12 months) :

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

Yes

No

Don't know

- 10.** Has a doctor told you that you had a fracture of the spine or fracture of the vertebrae? **V3OSTFX** **V3VERT**

Yes

No

Don't know

- 11.** Has a doctor told you that you had a stroke?

Yes

No

Don't know

PLEASE GO TO QUESTION 12

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

- 12.** Has a doctor told you that you had kidney stones?

Yes

No

Don't know

PLEASE GO TO QUESTION 13

IF YES, during the past 12 months, how many times have you passed a stone (or had a kidney stone attack).

_____ times in the last 12 months.