Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medical History

Cancer History

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.

HISTORY OF ILLNESS AND DISEASE

Has a doctor ever told you that you have:

			IF YES, Are you currently being treated for this condition by a doctor?	
a. Hypertension	☐ No	☐ Yes →	☐ No	☐ Yes
b. Heart Attack	☐ No	☐ Yes →	☐ No	☐ Yes
c. Cancer of Uterus (womb)	☐ No	☐ Yes →	☐ No	☐ Yes
d. Colon Cancer	☐ No	☐ Yes →	☐ No	☐ Yes
e. Rectum Cancer	☐ No	☐ Yes →	☐ No	☐ Yes
f. Ovary Cancer	☐ No	☐ Yes →	☐ No	☐ Yes
g. Cancer of Cervix	☐ No	☐ Yes →	☐ No	☐ Yes
h. Gallstones	☐ No	☐ Yes →	☐ No	☐ Yes
i. Pneumonia	☐ No	☐ Yes →	☐ No	☐ Yes
j. Diabetes	☐ No	☐ Yes →	☐ No	☐ Yes
k. Stroke	☐ No	☐ Yes →	☐ No	☐ Yes
V3EBC l. Breast Cancer	☐ No	☐ Yes →	☐ No	☐ Yes
m. Thyroid Disease	☐ No	☐ Yes →	☐ No	☐ Yes