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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medical History

Cardiovascular disease 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.

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?

Yes

No

Don't know

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

V3SSTRK

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.

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? **V3EHYPET**

a. Hypertension **V3EHYPER** No Yes → No Yes

b. Heart Attack **V3EHEART** 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 **V3ESTRK** No Yes → No Yes

l. Breast Cancer No Yes → No Yes

m. Thyroid Disease No Yes → No Yes

V3EHRTT

V3ESTRKT