Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medical History

General Medical Conditions

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?

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?

V3SKID

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).

V3KIDYR

_____ 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?	
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 **V3GALL**	☐ No	☐ Yes →	☐ No	☐ Yes **V3GALLT**
i. Pneumonia **V3PNEU**	☐ No	☐ Yes →	☐ No	☐ Yes **V3PNEUT**
j. Diabetes **V3EDIAB**	☐ No	☐ Yes →	☐ No	☐ Yes **V3EDIABT**
k. Stroke	☐ No	☐ Yes →	☐ No	☐ Yes
l. Breast Cancer	☐ No	☐ Yes →	☐ No	☐ Yes
m. Thyroid Disease **V3ETHYR**	☐ No	☐ Yes →	☐ No	☐ Yes **V3ETHYRT**