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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 3

Medical History

Hospitalization

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.

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?

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

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?

V3CVLHM

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

V3NCVL