



S
O
F

Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Fractures and Falls History

History of Falls

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.

Questions 17 - 25 ask about events that have taken place over the PAST 12 MONTHS

Falls

17. IN THE PAST 12 MONTHS, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

V4FALL

Yes No Don't know

PLEASE GO TO QUESTION 18

IF YES:

a. How many times have you fallen in the past 12 months?

V4NFALL _____ falls

b. When you fell during the past 12 months, did you fracture any bones?

V4FBONE Yes No

Which bones?

1. _____

2. _____

3. _____

4. _____

18. IN THE PAST 12 MONTHS, have you fainted, blacked out, or lost consciousness?

V4FAINT

Yes No Don't know

PLEASE GO TO QUESTION 19

IF YES, how many times has this happened to you in the past 12 months?

One Two or three Four or more V4NFAINT

Dizziness

39. Do you sometimes have trouble with dizziness?

V4DIZTRB

Yes

No

Don't know

PLEASE GO TO QUESTION 40

If yes:

a. How long have you had trouble with dizziness?

V4DIZTM

less than 1 month

1 month to 1 year

more than 1 year

b. Would you describe your dizziness as:
(Answer each one.)

Yes No

V4PASS Feeling like you are about to faint or pass out?

V4SPIN Feeling that you or the room are spinning around?

V4BAL Feeling that you are losing your balance?

Other: specify **V4DIZOTH** _____

c. Is your dizziness troublesome enough to limit your activities, such as walking or other leisure activities?

V4DIZLIM

Yes

No