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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Lifestyle

Caffeine Use

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.

Caffeine

31. Do you currently drink **REGULAR** coffee? (NOT DECAFFEINATED.)

V4CCOF

Yes

No

PLEASE GO TO QUESTION 32

V4COFMYC

If yes, how many cups of **REGULAR** coffee do you drink per day?

V4CCUP

_____ cups

(less than one cup per day = 0.5)

32. Do you currently drink **REGULAR** tea? (NOT HERBAL OR DECAFFEINATED.)

V4CTEA

Yes

No

PLEASE GO TO QUESTION 33

V4TEAMYC

If yes, how many cups of **REGULAR** tea do you drink per day?

V4TCUP

_____ cups

(less than one cup per day = 0.5)

33. Do you currently drink sodas that **contain caffeine**, such as Pepsi, Coca-Cola, Tab, and Mountain Dew?

V4CCOK

Yes

No

PLEASE GO TO QUESTION 34

V4COKMYC

If yes, how many cans of caffeinated soda do you drink per day?

V4COKCAN

_____ cans

(less than one can per day = 0.5)

V4CAFMYC