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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Lifestyle

Diet

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.

Diet

23. These questions are about your usual eating habits for certain foods during THE PAST 12 MONTHS. Please write down how often you eat each food on the lines next to the type of food.

The medium serving size is listed next to the food item.

A small serving is about one half or less of the medium serving.

A large serving is about one and a half times as much, or more, as the medium serving.

For example...

If you drink a medium glass of apple juice about three times a week you would write:

Apple Juice S M L 3 time(s) per Week

If you drink a large glass of apple juice about once every other month you would write:

Apple Juice S M L 6 time(s) per Year

If you rarely or never drink apple juice, you would write:

Apple Juice S M L 0 time(s) per _____

<u>DAIRY PRODUCTS</u>	<u>Medium Serving</u>	<u>Serving Size</u>	<u>How often do you eat.....?</u>
Cottage cheese	1/2 cup	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Other cheeses and cheese spreads	2 slices (2 oz.)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Milk, including skim milk	8 oz. glass	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Milk or cream in coffee or tea	1 Tblsp.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Yogurt, frozen yogurt	1 cup	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____

MEAT/MIXED DISHES/LUNCH ITEMS

Hamburgers, cheese burgers, meat loaf	3 oz. patty	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Beef-steaks, roast beef	4 oz.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____
Chicken or turkey	2 small or 1 large piece	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	_____ time(s) per _____

Medium
Serving

Serving Size

How often do you eat....?

MEAT/MIXED DISHES/LUNCH ITEMS

Pork, including chops and roast	2 chops (4 oz.)	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Hot dogs	2 dogs	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Ham, lunch meats	2 slices	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Mixed dishes with cheese (such as macaroni and cheese)	1 cup	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____

BREADS

Breads, rolls, crackers (including sandwiches)	2 slices 3 crackers 1 bagel	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Corn bread, corn muffins, corn tortillas	1 medium piece	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____

BREAKFAST FOODS

Hot cereals, with milk	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Cold cereals, with milk	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Eggs (with yolks)	2 eggs	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____

SWEETS

Ice cream, ice milk	1 scoop	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Doughnuts, cookies, cake, pastry	1 piece or 3 cookies	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____

FRUITS & VEGETABLES

Orange juice	8 oz.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____
Green salad	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	_____ time(s) per _____