

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Lifestyle

Smoking

Form Type: Self-Administered Questionnaire

LEGEND:

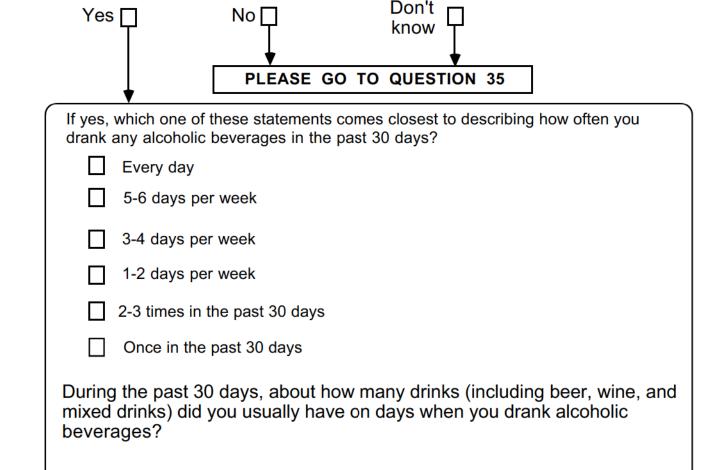
Raw form variable names are located next to the question they represent and do not have a border around the variable name.

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.

Alcohol/Smoking

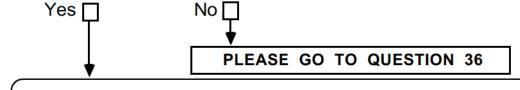
34. During the past 30 days have you had at least one drink of any kind of alcoholic beverage? (Including beer, wine, or mixed drinks such as martinis or manhattans.)



I usually have _____drinks per day when I drink alcoholic beverages.

35. Do you currently smoke cigarettes?





If yes, on average about how many cigarettes a day do you smoke? **V4NCIGD**

_____cigarettes (less than one cigarette a day = 0.5)