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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Dental Health

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.

Dental History

40. When you first joined this study did you have any of your natural teeth?
(Include capped or crowned teeth.)

V4TEETH

Yes

No

Don't know

PLEASE GO TO QUESTION 41

If yes, since you first joined this study have you lost or had any teeth removed or pulled? (Include capped and crowned teeth.)

V4TTHOUT

Yes

No

Don't know

PLEASE GO TO QUESTION 41

If yes, since the study began how many of your own teeth have you lost or had pulled?

V4THPULL

_____ teeth