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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 4**

#### **Medical History**

##### Hospitalization

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.

## Health Care

6. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, have you changed doctors or the place you usually go to for health care?

Yes

No

PLEASE GO TO QUESTION 7

IF YES, please write down the name, address and telephone number of the doctor or place that you go to now for your health care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

Apt/Room Number

City

State

Zip Code

Telephone: ( \_\_\_\_\_ )

Area Code

Number

7. SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, have you been a patient overnight, or longer, in a nursing home or convalescent home?

V4CVLHM

Yes

No

Don't know

PLEASE GO TO QUESTION 8

IF YES, how many weeks all together were you a patient in a nursing home or convalescent home?

V4NCVL

\_\_\_\_\_ weeks

## Miscellaneous

**41.** Do you have a health insurance plan that pays for any part of your hospital, doctor's or surgeon's bills?

**V4INS**

Yes

No

Don't know

**PLEASE GO TO QUESTION 42**

**IF YES:** What type? (Check all that apply.)

**V4PRIV**  Private insurance (e.g. Blue Cross, Blue Shield, Aetna)

**V4HMO**  HMO (Health Maintenance Organization; eg. Kaiser, Group Health)

**V4MCARE**  Medicare

**V4CAID**  Medicaid

**V4CHAMP**  CHAMPUS or CHAMP - VA

**V4OTINS**  Other: Specify \_\_\_\_\_

**42.** Since you first joined this study have any of your full blood sisters broken or fractured her hip? (Do not include half sisters, step sisters, or sisters who are not blood relatives.)

Yes

No

Not that I know of

Don't have any sisters

**PLEASE GO TO QUESTION 43**

**IF YES,** write down the first name of each sister who broke or fractured a hip and her age when she broke it.

First name(s)

Age when broken

Clinic use:

\_\_\_\_\_

\_\_\_\_\_

S# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

S# \_\_\_\_\_