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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 4

Medical History

Osteoporosis

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.

Fractures/Medical Conditions

- 8.** SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, has a doctor told you that you had a broken or fractured bone?

Yes No Don't know

PLEASE GO TO QUESTION 9

IF YES, which bone(s)? _____

- 9.** SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, has a doctor told you that you had a fracture of the spine or fracture of the vertebrae?

Yes

No

Don't know

- 10.** SINCE YOU LAST COMPLETED A QUESTIONNAIRE FOR THE STUDY, has a doctor told you that you had osteoporosis, sometimes called thin or brittle bones?

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Yes

No

Don't know