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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Female History**

##### General

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.

## Reproductive Health History

**41.** Have you **EVER** given birth?

**V5BIRTH**

Yes

No

Don't know

**PLEASE GO TO QUESTION 42**

**IF YES:**

a. How many of your deliveries were vaginal? (include stillbirths)

**V5NVAG**

\_\_\_\_\_ vaginal deliveries

b. How many of your deliveries required a Cesarean section? (include stillbirths)

**V5NCES**

\_\_\_\_\_ Cesarean deliveries

**42.** Have you **EVER** had a hysterectomy (surgery to remove your uterus or womb)?

**V5HYSTER**

Yes

No

Don't know

**PLEASE GO TO QUESTION 43**

**IF YES:**

a. How old were you when you had this surgery?

I was \_\_\_\_\_ years old.  Don't know

b. What type of hysterectomy did you have?

**V5HYSTP**  abdominal (uterus/womb removed through the stomach)

vaginal (removed through the vagina; no scar on your stomach)

don't know

c. Why did you have a hysterectomy? (Check all that apply.)

**V5HYFIB**  fibroids or bleeding

**V5HYPEL**  pelvic pain or internal scarring

**V5HYORG**  dropping or bulging out of my female organs

**V5HYCAN**  cancer

**V5HYURN**  surgical repair for leakage of urine; uterus removed at the same time

**V5HYOTH**  other (specify) → \_\_\_\_\_

**V5HYDK**  don't know