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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 5

Lifestyle

Caffeine Use

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.

Caffeine

15. Do you currently drink **REGULAR** coffee? (NOT DECAFFEINATED.)

V5CCOF

Yes

No

PLEASE GO TO QUESTION 16

V5COFMYC

If yes, how many cups of **REGULAR** coffee do you drink per day?

V5CCUP

_____ cups

(less than one cup per day = 0.5)

16. Do you currently drink **REGULAR** tea? (NOT HERBAL OR DECAFFEINATED.)

V5CTEA

Yes

No

PLEASE GO TO QUESTION 17

V5TEAMYC

If yes, how many cups of **REGULAR** tea do you drink per day?

V5TCUP

_____ cups

(less than one cup per day = 0.5)

17. Do you currently drink sodas that **contain caffeine**, such as Pepsi, Coca-Cola, Tab, and Mountain Dew?

V5CCOK

Yes

No

PLEASE GO TO QUESTION 18

V5COKMYC

If yes, how many cans of caffeinated soda do you drink per day?

V5COKCAN

_____ cans

(less than one can per day = 0.5)

V5CAFMYC