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Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 5

Lifestyle

Smoking

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.

Alcohol/Smoking

18. During the past 30 days have you had at least one drink of any kind of alcoholic beverage? (Including beer, wine, or mixed drinks such as martinis or manhattans.)

Yes

No

Don't know

PLEASE GO TO QUESTION 19

If yes, which one of these statements comes closest to describing how often you drank any alcoholic beverages in the past 30 days?

- Every day
- 5-6 days per week
- 3-4 days per week
- 1-2 days per week
- 2-3 times in the past 30 days
- Once in the past 30 days

During the past 30 days, about how many drinks (including beer, wine, and mixed drinks) did you usually have on days when you drank alcoholic beverages?

I usually have _____ drinks per day when I drink alcoholic beverages.

19. Do you currently smoke cigarettes?

V5SMOK

Yes

No

PLEASE GO TO QUESTION 20

If yes, on average about how many cigarettes a day do you smoke?

V5NCIGD

_____ cigarettes (less than one cigarette a day = 0.5)