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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 5**

#### **Medical History**

##### Cancer History

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.

## Extended Medical History

**32.** IN THE LAST TWO YEARS, has a doctor told you that you have cancer? **V5SCANCR**

Yes

No

Don't  
know

Refused

PLEASE GO TO QUESTION 33

If yes, please specify the kind of cancer(s).  
(Check all that apply.)

**V5SCABC**

a. Breast cancer

No

Yes →

No

Yes

b. Colon (bowel) or  
rectum cancer

No

Yes →

No

Yes

c. Other: \_\_\_\_\_

No

Yes →

No

Yes

**IF YES,**  
are you currently  
being treated for  
this cancer by a  
doctor?