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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 6**

### **Fractures and Falls History**

#### History of Falls

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.

## Falls

**39.** IN THE LAST 12 MONTHS, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair?

**V6FALL**

Yes

No

Don't know

PLEASE GO TO QUESTION 40

**IF YES:**

a. How many times have you fallen in the last 12 months?

**V6NFALL** \_\_\_\_\_ falls

b. When you fell during the last 12 months, did you fracture any bones?

**V6FBONE** Yes

No

Which bones?

PLEASE GO TO QUESTION 40

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**40.** COMPARED TO 12 MONTHS AGO, how would you rate your overall health?

Much better now       Somewhat worse now

Somewhat better now       Much worse now

About the same now

**41.** Compared to other people your own age, how would you rate your overall health?

Excellent for my age       Poor for my age

Good for my age       Very poor for my age

Fair for my age