

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 6

Medical History

Cancer history

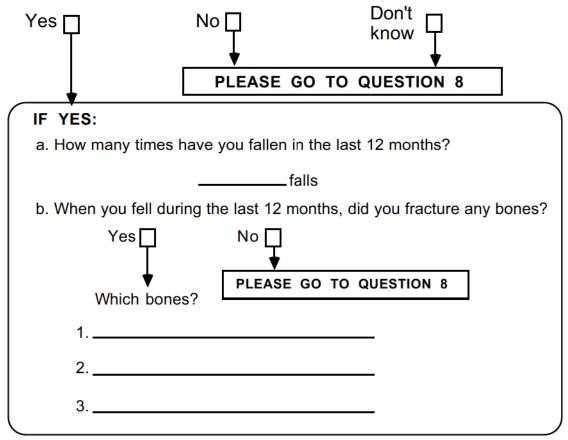
Form Type: Self-Administered Questionnaire

LEGEND:

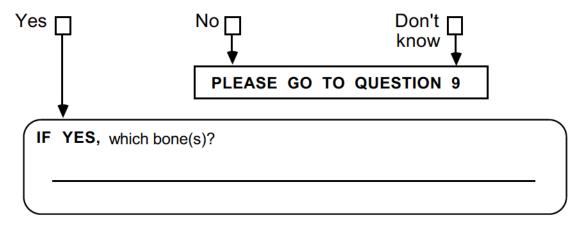
Raw form variable names are located next to the question they represent and do not have a border around the variable name.

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. 7. 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?



8. IN THE LAST TWO YEARS, has a doctor told you that you had a broken or fractured bone?



9. Has a doctor <u>EVER</u> told you that you had breast cancer?

V6EBC	Yes □	No∏	Clinic Use Only
			IF YES, complete the SOF Breast Cancer Questionnaire