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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?

Yes No Don't know

PLEASE GO TO QUESTION 8

IF YES:

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

_____ falls

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

Yes No

Which bones? **PLEASE GO TO QUESTION 8**

1. _____

2. _____

3. _____

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

Yes No Don't know

PLEASE GO TO QUESTION 9

IF YES, which bone(s)?

9. Has a doctor EVER told you that you had breast cancer?

V6EBC

Yes

No

Clinic Use Only
IF YES, complete the SOF
Breast Cancer Questionnaire