



Medical History

Office Use Only

SOF ID#

Acrostic

Staff ID#

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1 Since you last completed a questionnaire for this study, has a doctor or health care provider told you that you have a broken or fractured bone?

- Yes No Don't know



Which bone(s)? _____

2 Since you last completed a questionnaire for this study, has a doctor or health care provider told you that you have a fracture of the spine or vertebrae?

- Yes No Don't know

3 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 **V8FALL**



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

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 falls **V8NFALL**

b. When you fell during the last 12 months, did you fracture any bones?
 Yes No **V8FBONE*** **not released for AA cohort*

Which bones? _____

4 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

5 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

Draft

