



# Medical History

Office Use Only  
SOF ID#

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Acrostic

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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



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

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 falls

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

- Yes     No



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

V8CMP12

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

V8COMP

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