



Medical History

Office Use Only
SOF ID#

Acrostic

MISSING
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 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 **V9FALL**



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

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V9NFALL

falls

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

Yes No **V9FBONE***



Which bones? _____

3 Compared to 12 months ago, how would you rate your overall health?

- Much better now
- Somewhat better now
- About the same now
- Somewhat worse now
- Much worse now

4 Compared to other people your own age, how would you rate your overall health?

- Excellent for my age
- Good for my age
- Fair for my age
- Poor for my age
- Very poor for my age

Draft

