



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 **V9DOCF***

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

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? _____

- ③ 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

- ④ 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

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