



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



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

V9CMP12 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?

V9COMP Excellent for my age Poor for my age

Good for my age Very poor for my age

Fair for my age

Draft

