

OSTEOPOROSIS - OSQ

<p>OSQ.010 Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . .</p> <p>a. hip? YES 1 → NO 2 (b) REFUSED 7 (b) DON'T KNOW ... 9 (b)</p>	<p>OSQ.020 How many times {have you/has SP} broken or fractured {your/his/her} {hip/wrist/spine}?</p> <p> _ _ ENTER NUMBER OF TIMES</p> <p>REFUSED 77 DON'T KNOW 99</p>
<p>b. wrist? YES 1 → DO NOT INCLUDE REFUSED 7 (c) FOREARM OR HAND DON'T KNOW ... 9 (c)</p>	<p> _ _ ENTER NUMBER OF TIMES</p> <p>REFUSED 77 DON'T KNOW 99</p>
<p>c. spine? YES 1 → NO 2 (BOX 1) REFUSED 7 (BOX 1) DON'T KNOW ... 9 (BOX 1)</p>	<p> _ _ ENTER NUMBER OF TIMES</p> <p>REFUSED 77 DON'T KNOW 99</p>

BOX 1

CHECK ITEM OSQ.025:
 IF 'YES' (CODE 1) IN OSQ.010 a, b, OR c, CONTINUE WITH LOOP 1. OTHERWISE, GO TO OSQ.060.

LOOP 1:
 ASK OSQ.030 - OSQ.050 FOR EACH **TYPE** AND EACH **INCIDENCE** OF FRACTURE. (EXAMPLE: HOW OLD WERE YOU WHEN YOU FRACTURED YOUR **HIP** THE **FIRST** TIME?)

OSQ.030 How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd . . .} time}?

CAPI INSTRUCTION:
 IF ONLY BROKE HIP, WRIST OR SPINE 1 TIME, DO NOT DISPLAY "THE {1ST/2ND . . .} TIME".

 |_|_|_| (BOX 2)
 ENTER AGE IN YEARS

REFUSED 777
 DON'T KNOW 999

OSQ.040 {Were you/Was SP} . . .

- under 50 years old, or..... 1
- 50 years old or older? 2
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

BOX 2

CHECK ITEM OSQ.045:
 IF AGE IS >= 50 IN OSQ.030 OR OSQ.040, CONTINUE WITH OSQ.050.
 OTHERWISE, GO TO BOX 3.

OSQ.050 Did that fracture occur as a result of . . .

- a fall from **standing height or less**, for
 example, tripped, slipped, fell out of bed ... 4
- a hard fall**, such as falling off a ladder or
 step stool, down stairs, or..... 5
- a car accident** or other severe trauma?..... 6
- REFUSED 7
- DON'T KNOW 9

CAPI INSTRUCTION:

HELP SCREEN SHOULD READ: Additional examples for "a hard fall" include being forcibly knocked down by another person or bicycle. Additional examples for "a fall from standing height or less" include leg gave way, was dizzy, fell bending over, fell out of a chair.

BOX 3

END LOOP1:

- ASK OSQ.030 - OSQ.050 FOR NEXT INCIDENT OF FRACTURE.
- IF NO NEXT INCIDENT, GO TO OSQ.060.

OSQ.060 Has a doctor **ever** told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

OSQ.070 {Were you/Was SP} treated for osteoporosis?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9