

2003-04 Questionnaire:

Questionnaire: SP (2003-04)
 Target Group: SPs 20+ years

OSTEOPOROSIS - OSQ_C

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

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.051 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.051.
OTHERWISE, GO TO BOX 3.

OSQ.051 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.051 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