OSTEOPOROSIS - OSQ

OSQ.010	Has a doctor **ever** told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . .		OSQ.020	How many times {have you/has SP} broken or fractured {your/his/her} {hip/wrist/spine}?
	a. hip?	YES . . . . 1 NO . . . . 2 (b) REFUSED . . . 7 (b) DON'T KNOW 9 (b)		|___|___| ENTER NUMBER OF TIMES REFUSED . . . . 77 DON'T KNOW . 99
	b. wrist? DO NOT INCLUDE FOREARM OR HAND	YES . . . . 1 NO . . . . 2 (c) REFUSED . . . 7 (c) DON'T KNOW 9 (c)		|___|___| 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.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**, ...   1
                                        because of a harder fall, or   2
                                        from a car accident or other severe
                                          trauma?   3
                                        REFUSED   7
                                        DON'T KNOW   9

┌───┐
│   **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