



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

FRACTURE UPDATE QUESTIONNAIRE

(Collected in all participants at all annual visits)

1. Since your last CRIC visit, have you had a confirmed broken or fractured bone? ₁ Yes ₀ No ₈₈ Don't Know

If **“Yes”** to Question #1, please indicate which bone(s) you broke, and how old you were when this occurred.

Which bone(s) did you break?

Age when broken
(a)

- | | | |
|-----------------------------|--|-------------|
| 2. Hip/pelvis | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 3. Upper leg (femur) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 4. Lower leg (tibia/fibula) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 5. Ankle | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 6. Foot/toes | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 7. Hand/fingers | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 8. Wrist | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 9. Upper arm (humerus) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 10. Lower arm (radius/ulna) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 11. Spine (vertebra) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |
| 12. Other (Specify: _____) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No | _____ years |