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QUESTIONNAIRE FOR STUDY: BONE MINERAL DENSITY

HNRC#: _____

PR#_____

Date: ____ / ____ / _____
Month Day Year

HNRC# _____

Instructions: The following questions refer to your place of residence and your migration history over the past years..

10 Years

1a. Based on the **past ten years**, how many years or months have you lived in the Northeastern United States (Massachusetts, New York, etc.)?

_____years_____months

1b. Based on the **past ten years**, how many years or months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

_____years_____months

Past Year (12 Months)

2a. In the **past (1) year**, how many months have you lived in the Northeaster United States (Massachusetts, New York, etc)?

_____ months

2b. In the **past (1) year**, how many months have you lived in Puerto Rico, the Southern United States, or another area with a similar climate?

3. On average, how many hours per week do you spend outdoors during the summer? **(DO NOT include time spent inside vehicles / cars / buses)**

_____ **hours per day** ***(If "Don't Know", write "98")***

OR

_____ **hours per week**

4a. When you spend time outdoors during the summer, what parts of your skin are **usually** exposed to the sun? **(Choose only one answer)**

a. Face only
b. Face and hands
c. Face, hands and arms
d. Face, hands, arms and legs
e. Not applicable

4b. When you go out, do you normally use sunscreen/SPF?

0 = No
1 = Yes
98 = Don't Know
99 = Not Applicable

Instructions: The following questions refer to falls and fractures that you may have suffered during the past year.

5. During the **past year**, did you accidentally fall to the ground?
(Choose "0 = No" if the accident occurred during a sports activity)

0 = No ***(If "No," go to question #8)***
1 = Yes ***(If "Yes," continue with question #6)***
98 = Don't Know ***(If "Don't Know," continue with question #6)***

6. If "**Yes**" or "**Don't Know"**: How many times did you suffer (or think you suffered) a fall during the **last year**?

_____ times

7. Did any of your falls during the **last year** result in the following?

	Outcome	**Yes**	**No**	**Don't Know**
a.	Fracture	1	0	98
b.	Skin cut	1	0	98
c.	Blow to the head requiring medical attention	1	0	98
d.	Dislocation	1	0	98
e.	Bruise, sprain (twisting of ligaments), or skin cut not requiring medical intervention	1	0	98

8. From **age 20 until now**, has your physician ever told you if you have suffered a fracture or broken bone?

0 = No ***(If "No," go to question #10)***
1 = Yes ***(If "Yes," continue with question #9)***
98 = Don't Know ***(If "No," continue with question #9)***

9. In how many of the following bones did you ever suffer (or think your doctor told you that you suffered) a fracture, and at what age?
(If any bones were broken more than once, indicate the age at the time of the first fracture)
(Specify left or right side inside the appropriate box)
(If you don't know what side, write "98" in the "Left" and "Right" boxes)
(If you don't know the age, write "98" in the "Age" box)

	Bone	**Yes**	**No**	**Left**	**Right**	**Age (of first fracture)**
a.	Hip	1	0			
b.	Humerus (arm bone above the elbow)	1	0			
c.	Cubitus or radius (forearm bones below the elbow), or wrist	1	0			
d.	Hand	1	0			
e.	Collarbone	1	0			
f.	Spinal column	1	0			
g.	Pelvis	1	0			
h.	Leg	1	0			

i.	Foot	1	0			
j.	Toe(s)	1	0			
k.	Other; specify: _____	1	0			

Instructions: The following questions refer to falls and fractures that any members of your family may have suffered after the age of 20.

10. Did your mother ever suffer a bone fracture after age 20?
(Refer to your biological mother)

0 = No ***(If "No" go to question #11)***
1 = Yes
98 = Don't Know ***(If "Don't Know" go to question #11)***

10a. If "Yes": Please indicate each bone where your mother suffered a fracture and her age at the time.
(If any bones were broken more than once, indicate the age at the time of the first fracture)
(Specify left or right side inside the appropriate box)
(If you don't know what side, write "98" inside the "Left" and "Right" boxes)
(If you don't know the age, write "98" inside the "Age" box)

	Bone	Yes	No	Left	Right	Age
a.	Hip	1	0			
b.	Humerus (arm bone above the elbow)	1	0			
c.	Cubitus or radius (forearm bones below the elbow), or wrist	1	0			
d.	Hand	1	0			
e.	Collarbone	1	0			
f.	Spinal column	1	0			
g.	Pelvis	1	0			
h.	Leg	1	0			
i.	Foot	1	0			
j.	Toe(s)	1	0			
k.	Other; specify: _____	1	0			

11. Did your father ever suffer a bone fracture after age 20?
(Refer to your biological father)

0 = No ***(If "No" go to question #12)***
1 = Yes
98 = Don't know ***(If "Don't know" go to question #12)***

11a. If "Yes": Please indicate each bone where your father suffered a fracture and his age at the time.
(If any bones were broken more than once, indicate the age at the time of the first fracture)
(Specify left or right side inside the appropriate box)
(If you don't know what side, write "98" in the "Left" and "Right" boxes)
(If you don't know the age, write "98" in the "Age" box)

	Bone	Yes	No	Left	Right	Age
a.	Hip	1	0			
b.	Humerus (arm bone above the elbow)	1	0			
c.	Cubitus or radius (forearm bones below the elbow), or wrist	1	0			
d.	Hand	1	0			
e.	Collarbone	1	0			
f.	Spinal column	1	0			
g.	Pelvis	1	0			
h.	Leg	1	0			
i.	Foot	1	0			
j.	Toe(s)	1	0			
k.	Other; specify: _____	1	0			

12. How many biological sisters do you have?
(Make sure to include any deceased sisters. DO NOT include step-sisters, adopted sisters, or any sisters who are not biologically related to you)

_____ sisters ***(If zero, write "0" and go to question #13)***

12a. Did any of your biological sisters ever break or fracture her hip after age 20?

0 = No
1 = Yes
98 = Don't Know

12b. Did any of your biological sisters ever break or fracture her wrist or forearm after age 20?

0 = No
1 = Yes
98 = Don't Know

13. How many biological brothers do you have?
(Make sure to include any deceased brothers. DO NOT include step-brothers, adopted brothers, or any brothers who are not biologically related to you)

_____ brothers ***(If zero, write "0"and go to question #14)***

13a. Did any of your biological brothers ever break or fracture his hip after age 20?

0 = No

1 = Yes
98 = Don't Know

13b. Did any of your biological brothers ever break or fracture his wrist or forearm after age 20?

0 = No
1 = Yes
98 = Don't Know

Instructions: The following questions refer to your weight and size / height, and any prescription medications that you may have taken to treat certain medical conditions.

14. What was your average weight at age 25?
(Women: DO NOT include your weight during pregnancy.
If you do not remember, give your best estimate)

_____ lbs.

15. What was your size / height, without shoes, at age 25?
(If you do not remember, give your best estimate)

_____ feet _____ inches

16. What was your average weight at age 50?
(Women: DO NOT include your weight during pregnancy.
If you do not remember, give your best estimate)

_____ lbs. ***(If the subject's current age is less than 50, write "999")***

17. Are you currently taking any of the following prescription medications to treat osteoporosis?

	Medication Name	**No**	**Yes**	**Length of Use**
a.	Calcitonin *by injection* (Calcinar, Miacalcin)	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
b.	*Nasal* Calcitonin (Miacalcin)	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
c.	Fosamax (Alendronate)	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
d.	Didronal (Etidronate)	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
e.	Calcium + Vitamin D	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
f.	Calcium	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
g.	Vitamin D	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
h.	Cod liver oil	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
i.	Other:	0	1	1. <1yr 2. 1-5yrs 3. >5yrs

WOMEN only

18. Are you currently taking any of the following estrogen preparations, either orally or via a patch? **(Do not include vaginal creams)**

	Medication Name	**No**	**Yes**	**Length of Use**
a.	Premarin	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
b.	Prempro	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
c.	Premphase	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
d.	Estratab	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
e.	Menest	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
f.	Estrace	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
g.	Ogen, Ortho-Est	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
h.	Estraderm, Vivelle	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
i.	Evista	0	1	1. <1yr 2. 1-5yrs 3. >5yrs
j.	Other; specify: _____	0	1	1. <1yr 2. 1-5yrs 3. >5yrs

Instructions: The following questions are in regards to restless leg syndrome and sleep patterns.

19a. Do you have unpleasant sensations in your legs, such as leg tingling, electric current or burning in your legs, combined with a feeling of urgency or the need to move your legs?

0 = No ***(if "No," go to question #20)***
1 = Yes

19b. Do these sensations/symptoms occur only when you are resting?

0 = No ***(if "No," go to question #20)***
1 = Yes

19c. Do these sensations/symptoms ammeliorate if you move?

0 = No ***(if "No," go to question #20)***
1 = Si

19d. Are these sensations/symptoms worse at night when compared to during the morning?

0 = No ***(if "No," go to question #20)***
1 = Si

19e. How frequently do these sensations/symptoms take place?

1 = Less than once per month / Once per month
2 = 2-4 times per month

3 = 2-3 times per week
4 = 4-5 times per week
5 = 6-7 times per week

20a. Please indicate the total number of hours that you really sleep, typically, during a 24 hour period:

1 = 5 hours or less
2 = 6 hours
3 = 7 hours
4 = 8 hours
5 = 9 hours
6 = 10 hours or more

20b. What time do you usually go to bed?

____ ____ : ____ ____ **a.m. / p.m.**

20c. The following questions explore your sleeping patterns:

	Most of the Time	**Sometimes**	**Almost Never or Never**
How frequently do you have difficulty falling asleep?	2	1	0
How frequently do you have trouble with waking up at night?	2	1	0
How frequently do you have trouble with waking up too early in the morning and not being able to fall asleep again?	2	1	0
How frequently do you feel so sleepy during the day or night that you need to take a nap?	2	1	0
How frequently do you feel truly tired when you wake up in the morning?	0	1	2

20d. Do you snore? **(if you have a partner or share your bedroom with another person, please ask him/her)**

1 = Every night
2 = Most nights
3 = A few nights a week
4 = Occasionally
5 = Almost never

20e. Did you respond to the previous question about snoring alter asking your partner or bedroom-mate?

1 = Si

0 = No

Thank you for your participation!