Annotated form for: vr_fxrev_2012_0_0746s

FRAMINGHAM HIP FRACTURE STUDY FORM **Version 03/98**

Use for COHORT hip fractures

IDTYPE – ID FXDATE

FID ___ - ___ ___ ___ ___ {1-4} MOYRFX ___ ___ | ___ ___ {6-9} _____

|_| {11} Q1. HIP FRACTURE CONFIRMED:
0. No
1. Yes with discharge summary
2. Yes with questionnaire information
3. Other _____
9. Unknown

|_| {13} Q2. SIDE OF FRACTURE: 1. Right 2. Left 9. Unknown Q2

|_| {15} Q3. HIP FRACTURE LOCATION: Q3
1. Intertrochanteric
2. Neck of Femur (Subcapital)
3. Other _____
9. Unknown

|_| {17} Q4. HIP FRACTURE TREATMENT:
1. Pinning
2. Femoral head replacement
3. Other _____
9. Unknown

|_| {19} Q5. DID OTHER FRACTURES OCCUR AT THE SAME TIME: 0. No 1. Yes 9. Unknown

IF YES:

_ {21}	Q5A. SITE OF OTHER FX - Tibia/Fibula	0. No	1. Yes 9. Unknown
_ {23}	Q5B. SITE OF OTHER FX - Wrist	0. No	1. Yes 9. Unknown
_ {25}	Q5C. SITE OF OTHER FX - Humerus	0. No	1. Yes 9. Unknown
_ {27}	Q5D. SITE OF OTHER FX - Other _____	0. No	1. Yes 9. Unknown
_ {29}	Q5E. SITE OF OTHER FX - Unknown site	0. No	1. Yes 9. Unknown

|_| {31} Q6. CIRCUMSTANCES OF HIP FRACTURE: Q6
1. Fall from standing height or less
2. Motor vehicle accident or fall from greater than standing height
3. Other _____
9. Unknown

|_| {33} Q7. LOCATION OF FALL: 1. Outside 2. Inside 3. Other _____ 9. Unknown

|_| {35} Q8. TIME OF DAY THAT FX OCCURRED:
1. Daytime (6am to 6pm)
2. Night (6:01pm to 5:59am)
3. Other _____
9. Unknown

|_| {37} Q9. DID DEATH OCCUR DURING FRACTURE HOSPITALIZATION?
0. No 1. Yes 9. Unknown