

Introduction and Fracture history

Please move from one survey to the next. If you do not have diabetes, there will be instructions when to stop. If you have diabetes, we ask that you complete the entirety of the survey.

Thank you for completing this survey!

Participant ID number

Name (First name Last name)

Date of Birth

What is your gender?

- Male
 Female
 Transgender
 Other
 Prefer not to say

Who is completing this survey?

- Self
 Self with caregiver
 Parent
 Spouse
 Other caregiver

What is your most recent weight?
(in pounds)

When was this weight checked?

- At a doctor's visit in the last year
 At a doctor's visit more than a year ago
 At home
 Other

What is your most recent height?
(in inches)

When was this height measured?

- At a doctor's visit in the last year
 At a doctor's visit more than a year ago
 At home
 Other

If you use a walking device, what do you use?

| | Cane | 2 cane/ crutches (Canadian Crutches) | Walker | Canine Assistance (Service Dog) | Wheelchair | Other | None |
|------------------|-----------------------|---|-----------------------|--|-----------------------|-----------------------|-----------------------|
| Primary Device | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Secondary device | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What age did you start using your primary walking device?

What age did you start using your secondary walking device? _____

If you use an alternate walking device, what is it? _____

Have you ever fractured (broken) a bone?

- Yes
 No
-

If yes, how many bones have you broken?

- 1
 2
 3
 4
 5
 more than 5
-

What is one bone that you have broken?
(There will be separate questions for each broken bone)

- Face/Skull
 Rib/Sternum
 Collarbone (Clavicle)
 Arm (including upper arm, elbow, lower arm, wrist)
 Hand
 Fingers or Toes
 Hip/Pelvis
 Thigh
 Lower leg, ankle, foot
 Spine (Vertebrae)
 Other
 Unknown
-

If you broke a different bone than listed, please list: _____

How old were you when you broke this bone (years)? _____

How did you break this bone?

- Fall (please choose this for any type of fall and there will be a question with additional details below)
 High impact injury (example: motor vehicle accident)
 During activity (examples: bicycling, skateboarding, playing a sport)
 Injury unknown (incidentally detected fracture)
 Other
-

If you broke it an alternate way, how did you break this bone? _____

If you broke your bone from a fall, how high was it from?

- Above standing height (greater than 6 inches above standing)
 Standing height (within 5-6 inches from where head would be standing)
 Less than standing height (over 6 inches below where head would be if standing)

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What is another bone that you have broken?
Check all additional that apply

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- Spine (Vertebrae)
- Other
- Unknown

How old were you when you broke these bones?
If multiple, please list- for example, Arm (10), spine (42)

How did you break these bones?
If multiple, please list- for example, Arm (car accident), spine (fall)

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- Above standing height (greater than 6 inches above standing)
 Standing height (within 5-6 inches from where head would be standing)
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Do you currently use glucocorticoids (steroid medication)?

- Yes, currently
 Yes, in the past but not currently
 Never

Examples: hydrocortisone, prednisone, dexamethasone

Do you currently smoke tobacco products?

- Yes
 No

Do you drink 3 or more alcoholic drinks per day?

- Yes
 No

Do you take any of the following to improve bone health? Check all that apply.

- Vitamin D supplementation
 Calcium supplementation
 Increased calcium in diet
 Multivitamin

Have you ever had a DXA scan to evaluate your bone density?

- Yes
 No

If you had a DXA for low bone density, what were the results?

- I was told I have low bone density
 I was told I have borderline low bone density
 I was told I have normal bone density
 I am not sure of the results

Have you ever been treated for low bone density?

- Yes
 No

If you have been treated for low bone density, what was the treatment?

Check all that apply.

Bisphosphonates include: risendronate (Actonel, Atelvia), alendronate (Fosamax, Binosto), ibandronate (Boniva), zoledronic acid (Reclast, Zometa, Aclasta), pamidronate (Aredia), etidronate (Didronel)

- Calcium
 Vitamin D
 Bisphosphonates (names listed in question)
 Denosumab (Xgeva, Prolia)
 Teriparatide (Forteo) or abaloparatide (Tymlos)
 Romosozumab (Evenity)
 Selective estrogen receptor modulators: Rloxifene (Evista) or bazedoxifene (Conbriza, Viviant, Duavee, Duavive)
 Estrogen (oral contraceptives, estrogen patches)
 Calcitonin
 Other

If you had an alternate treatment for low bone mineral density, what was it?

Which age range are you in?

- under 12 years old
 12 to 18 years old
 over 18 years old

Please ensure this survey is filled out completely before clicking "submit".

Once you move to the next survey, you cannot return to this survey.

If you would like to return to this survey, please click "save and return".