



**BIRTH TO TWENTY MEDICAL SCHOOL SITE: 16TH YEAR
ADOLESCENT FRACTURE QUESTIONNAIRE**

DATE : Day Month Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

FRACTURES

1. Have you broken or fractured a bone in the past year?

YES NO

If YES, please tell me about the different times this occurred

Incident number	Which bone did you break or fracture?	When did this happen? (<i>Date</i>)	How did this happen?
1			
2			
3			
4			
5			

Interviewer