1. **Confirmed hip fracture**: Fracture of the proximal femur, including fractures of the femoral neck, intertrochanteric region, and greater trochanter

   1.1. **Date of Diagnosis**: __-__-__ (M/D/Y)

   1.2. **Fracture site**: *(Mark the one that applies best.)*
   - [ ] Neck of femur (transcervical, cervical)
   - [ ] Intertrochanteric fracture
   - [ ] Greater trochanter
   - [ ] Unspecified part of proximal femur

   1.3. **Side of hip fracture**: *(Mark the one that applies best.)*
   - [ ] Right
   - [ ] Left
   - [X] Both sides
   - [ ] Unknown

   1.4. **Hip fracture based on**: *(Mark the one category that applies best.)*
   - [X] Written radiology report that is read by a radiologist and identifies the presence of a new, acute, or healing fracture of the proximal femur (femoral neck, intertrochanteric region, or the greater trochanter region) and documented on a discharge summary
   - [ ] Radiologist's report confirms a proximal femur fracture, but the hospital discharge summary does not (or is equivocal or missing)
   - [ ] All of the following:
     1) hospital discharge summary listing fracture of the proximal femur, femoral neck fracture, intertrochanteric fracture, trochanteric fracture, or hip fracture;
     2) equivocal written radiology report of the hip (e.g., "possible" or "probably" or "suspected" hip fracture); and,
     3) a written radiologist's report of either a bone scan or MRI scan unequivocally stating that a new hip fracture or healing hip fracture is present
   - [ ] Hip fracture diagnosed in discharge summary, or other written report, but no radiology report available or radiograph not read by radiologist
   - [X] Uncertain radiology report of hip fracture without additional documentation

1.5. **Pathologic hip fracture**: fracture resulting from bone tumors or cysts, Paget's disease, bone or joint prostheses, or surgical manipulation. Osteoporotic fracture is not considered a pathologic fracture. *(Mark the one category that applies best.)*
   - [ ] No
   - [ ] Possible
   - [X] Yes
1.6. For UCSF Bone Density Center use only:

- Completed for uncertain hip fracture (i.e., box 3, 4 or 5 coded in Question 1.4).
- Hip fracture confirmed after UCSF Bone Density Center review of: 1) equivocal written report from a hip radiograph, or 2) radiology reports and other documentation not evaluated by a radiologist

- [ ] 0 No
- [ ] 1 Yes

2. Documented fracture other than hip: (All other radiographically-confirmed new or acute fractures of any bone.)

2.1. Date of Diagnosis: ___ / ___ / ___ (M/D/Y)

2.2. Fracture site: (Mark the one category that applies best.)

Elbow:
- [ ] 1 Lower end of humerus
- [ ] 18 Upper radius and/or ulna
- [ ] 20 Elbow, NOS

Pelvis:
- [ ] 9 Pelvis

Spine or back (vertebra):
- [ ] 10 Thoracic (dorsal) spine
- [ ] 11 Lumbar spine

Tailbone:
- [ ] 12 Sacrum and/or coccyx

Hand (not finger):
- [ ] 3 One or more metacarpal bone(s)

Knee (patella):
- [ ] 4 Patella
- [ ] 19 Tibial plateau

Upper arm (humerus), shoulder, or clavicle:
- [ ] 13 Humerus, upper end
- [ ] 14 Humerus, shaft or unspecified part
- [ ] 15 Clavicle
- [ ] 16 Scapula

Lower arm or wrist:
- [ ] 5 Radius and/or ulna
- [ ] 6 One or more carpal bone (wrist)

Upper leg (not hip):
- [ ] 17 Shaft of femur, including subtrochanteric region and other femur

Lower leg or ankle:
- [ ] 7 Tibia and/or fibula
- [ ] 8 Ankle (very distal tibia/fibula and/or talus)

Foot (not toe):
- [ ] 2 One or more tarsal and/or metatarsal bones, heel and/or calcaneus
2.3. Side of fracture: *(Mark one.)*

- [ ] 1 Right
- [ ] 2 Left
- [ ] 3 Both sides
- [ ] 4 Not applicable (e.g., tailbone)
- [ ] 9 Unknown

2.4. Fracture confirmed as follows: *(Mark the one category that applies best.)*

**Non-Vertebral Fractures**

- [ ] 1 Written radiology report stating that a new or acute fracture of a bone is present
- [ ] 2 Written radiology report available states that evidence of a healing fracture is present and no other documentation available
- [ ] 3 Other written reports not by a radiologist, such as clinic notes, progress notes, ER notes, or operative reports, stating that a new, acute or healing fracture of a bone is present are acceptable if it is based on a review of a radiograph (podiatrist reading acceptable for foot fractures only)
- [ ] 4 The initial radiology report is uncertain or equivocal and subsequent report based on follow-up radiograph or bone scan is clearly diagnostic of a fracture or healing fracture

**Vertebral Fractures**

- [ ] 5 Vertebral fracture documented in radiology report based on AP or lateral thoracolumbar views
- [ ] 6 Vertebral fracture documented in radiology report not based on AP or lateral thoracolumbar views

2.5. Pathologic fracture other than hip: *(Fracture resulting from bone tumors or cysts, Paget’s disease, bone and joint prostheses, or surgical manipulation. Osteoporotic fracture is not considered a pathologic fracture.)* *(Mark one.)*

- [ ] 0 No
- [ ] 1 Yes
- [ ] 2 Possible

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Responsible Adjudicator Signature

**NOTE:** *If this is a hospitalized event, Form 125 - Summary of Hospitalization Diagnosis must be completed and any other WHI outcomes adjudicated.*