SUPPLEMENTARY DATA

Model was adjusted for age, sex and race/study center, body mass index, sports-activity tertile, alcohol consumption, cigarette smoking, and medication use.

Torso (shoulder, hip, ribs, spine) fractures were defined as an ICD-9 discharge code of 805-811. Upper limb (arm, wrist, hand) fractures were defined as an ICD-9 discharge code of 812-817. Lower limb (leg, ankle, foot) fractures were defined as an ICD-9 discharge code of 820-826. Vertebral fractures were defined as an ICD-9 discharge code of 805-806. Hip fractures were defined as an ICD-9 discharge code of 808. Skull/face fractures were defined as an ICD-9 discharge code of 800-804.

Supplementary Table 1. Adjusted Hazard Ratios for Incident Fracture Hospitalization Subtypes by Diabetes Status Among Study Participants from Baseline (Visit 1: 1987-1989) to January 1, 2009.

	No Diabetes (n=13,340)	Undiagnosed Diabetes (n=605)	Diagnosed Diabetes (n=1,195)
Torso (n=306)	1.00 (Reference)	1.29 (0.73, 2.27)	1.16 (0.71, 1.87)
Upper Limb (n=180)	1.00 (Reference)	0.18 (0.03, 1.33)	2.16 (1.31, 3.57)
Lower Limb (n=542)	1.00 (Reference)	1.24 (0.80, 1.92)	2.22 (1.69, 2.91)
Vertebral (n=104)	1.00 (Reference)	0.84 (0.26, 2.69)	2.03 (1.05, 3.89)
Hip (n=50)	1.00 (Reference	2.99 (1.24, 7.21)	1.76 (0.68, 4.60)
Skull/Face	1.00 (Reference)	1.52 (0.46, 4.98)	2.60 (1.17, 5.76)