Bone Density Questionnaire

Name: ____________________________________________ DOB ___________________ Age: ______

Current Weight: (lb) ____________ Current Height: (in) ____________ Ethnicity: ____________

1. Have you had a previous hip or vertebral fracture? Yes______ No______
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g., auto accident) Yes______ No______
3. Did either of your parents ever have a hip fracture? Yes______ No______
4. Do you smoke? Yes______ No______
5. Have you taken Glucocorticoids? Yes______ No______
6. Have you been diagnosed with Rheumatoid Arthritis? Yes______ No______
7. Do you have secondary osteoporosis? Yes______ No______
8. Do you drink 3 or more alcoholic drinks per day? Yes______ No______
9. Are you being treated for osteoporosis? Yes______ No______

10. Have you ever taken any of the following medications:
    ___Actonel (i.e. risedronate) ___Boniva (i.e. ibandronate)
    ___Evista (i.e. raloxifene) ___Forteo (i.e. parathyroid hormone)
    ___Fosamax (i.e. alendronate) ___HRT (i.e. estrogen/hormone therapy)
    ___Miacalcin (i.e. calcitonin) ___Protelos (i.e. strontium ranelate)
    ___Reclast (i.e. zoledronate) ___Prolia (i.e. denosumab)
    ___Vitamin D ___Calcium
    ___Other – Please specify ______________________

11. Do you have any of the following medical conditions:
    ___Anorexia or Bulimia ___Any Seizure Disorders
    ___Asthma or Emphysema ___Cancer
    ___End Stage Renal Disease ___Inflammatory bowel diseases
    ___Hyperparathyroidism ___Hysterectomy

12. What was your maximum height in inches? ____________
13. Do you perform weight bearing exercises regularly? Yes______ No______
14. Do you regularly consume dairy products? Yes______ No______
15. Do you drink caffeinated beverages? Yes______ No______

If female:

16. At what age did your first period start? ____________
17. Are you premenopausal? ____________ If postmenopausal, at what age? ____________
18. How many full term pregnancies have you had? ____________
19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? Yes______ No______