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 be 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)
    - ___Evista (i.e. raloxifene)
    - ___Fosamax (i.e. alendronate)
    - ___Miacalcin (i.e. calcitonin)
    - ___Reclast (i.e. zoledronate)
    - ___Vitamin D
    - ___Other – Please specify ______________________
    - ___Boniva (i.e. ibandronate)
    - ___Forteo (i.e. parathyroid hormone)
    - ___HRT (i.e. estrogen/hormone therapy)
    - ___Protelos (i.e. strontium ranelate)
    - ___Prolia (i.e. denosumab)
    - ___Calcium

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