

OSTEOPOROSIS QUESTIONNAIRE

NAME: _____ DATE: _____ DOB: _____

PHYSICIAN: _____ PHYS TO READ BONE DENSITY: _____

PREVIOUS BONE DENSITY AT DALLAS DIAGNOSTIC? YES: _____ NO: _____

HOW OLD WERE YOU WHEN YOU STARTED
MENOPAUSE?

AGE _____

HYSTERECTOMY?

YES ___ NO ___ WHEN? _____

WERE OVARIES ALSO TAKEN?

YES ___ NO ___

HAVE YOU TAKEN ESTROGEN PILLS
 OR PATCHES? (HORMONE THERAPY)

YES ___ NO ___ FROM _____ TO _____

FAMILY HISTORY OF OSTEOPOROSIS?

YES ___ NO ___ RELATIONSHIP? _____

EXERCISE MORE THAN ONCE A WEEK?

YES ___ NO ___ HOW OFTEN? _____
 TYPE _____

DO YOU TAKE A VITAMIN D
 SUPPLEMENT?

YES ___ NO ___ FOR HOW LONG? _____

DO YOU TAKE A CALCIUM
 SUPPLEMENT?

YES ___ NO ___ HOW MUCH? _____
 FOR HOW LONG _____

MEDICATION TO TREAT
 OSTEOPOROSIS?

YES ___ NO ___ WHICH ONE? _____
 FOR HOW LONG? _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

___ ALCOHOL (3 OR MORE GLASSES PER DAY)

___ MOTHER OR FATHER EVER HAD A **HIP** FRACTURE

___ GLUCOCORTICOIDS/**ORAL STERIOD** MEDICATION (TAKEN FOR MORE THAN 3 MONTHS)

___ PERSONAL HISTORY OF FRACTURES AS AN ADULT

___ SECONDARY OSTEOPOROSIS (DISORDERS STRONGLY ASSOCIATED WITH OSTEOPOROSIS
 EXAMPLES- TYPE I DIABETES, OSTEOGENESIS IMPERFECTA, UNTREATED HYPERTHYROIDISM,
 HYPOGONADISM, PREMATURE MENOPAUSE BEFORE AGE 45, CHRONIC MALNUTRITION/
 MALABSORPTION, CHRONIC LIVER DISEASE)

___ **RHEUMATOID** ARTHRITIS (DIAGNOSED BY A PHYSICIAN)

___ TOBACCO USER (CURRENT SMOKER)