

OSTEOPOROSIS QUESTIONNAIRE

Name: _____	Today's Date: _____
Have you had a DXA before? _____	Date of Birth: _____ Age: _____
When? _____ Where? <input type="checkbox"/> Hip <input type="checkbox"/> Spine <input type="checkbox"/> Heel <input type="checkbox"/> Wrist	Gender: M F
	Reason for today's test: _____

Ethnic Background _____

Have you fallen in the past year? Yes No
Were you hurt? _____

Do you exercise regularly? Yes No
How and how often? _____

Have you ever smoked? Yes No
How much? _____
When did you quit? _____

How much alcohol do you drink? _____

Do you eat/drink dairy products? Yes No
How much? _____

Do you take calcium? Yes No
How much? _____

Are you taking vitamin D? Yes No
How much? _____

What was your tallest height? _____

Have you broken any bones as an adult? Yes No
Which bones/how/when? _____

Have you had back surgery? Yes No

Have you had your hips replaced? Yes No

Do any relatives have osteoporosis? Yes No
Who? _____

Have any relatives broken bones as adults? Yes No
Who? _____

Which bones? _____

FOR MEN

Any problems with sexual function? Yes No

Have you had prostate problems? Yes No
What? _____
How was it treated? _____

Do you have low testosterone (male hormone)?

Please list any doctors (and addresses) who should receive a copy of this report:

Referring doctor: _____

Others: _____

Do you have a history of any of the following:

Rheumatoid Arthritis	Yes	No
Diabetes Type I Type II	Yes	No
Osteogenesis Imperfecta	Yes	No
Thyroid Disease	Yes	No
Malnutrition or Eating Disorder	Yes	No
Intestinal Disorder	Yes	No
Liver Disease	Yes	No
Parathyroid Disease	Yes	No
Kidney Disease/Kidney Stones	Yes	No

Have you ever taken the following? When?

Steroids (Prednisone, etc.) _____

Seizure Medications
Which one(s)? _____

Thyroid Hormone _____

Etidronate (Didronel) _____

Alendronate (Fosamax) _____

Residronate (Actonel) _____

Nasal Calcitonin (Miacalcin) _____

Raloxifene (Evista) _____

Parathyroid Hormone (Forteo) _____

Pamidronate IV (Aredia) _____

Zoledronic Acid IV (Zometa, Reclast) _____

Ibandronate (Boniva) pills _____

Ibandronate (Boniva) IV _____

Other osteoporosis treatment: _____

FOR WOMEN

Did/do you have irregular menses Yes No

Have you had a hysterectomy Yes No

Were your ovaries removed? Yes No

When did you go through menopause? _____

Have you ever taken estrogen? Yes No

When? _____

If discontinued, why? _____