

Bone Density Questionnaire

Name: _____

Date: _____

Age (years): _____

Height: _____

Weight: _____

Sex: ☐ Female ☐ Male

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other: _____

Medications (name only): _____

MENOPAUSE (Questions for Women ONLY)

1. Are you postmenopausal (have you stopped having periods)? ☐ Yes ☐ No
How old were you when you had your last period? _____
Was your menopause caused by? ☐ Surgery ☐ Chemotherapy ☐ Radiation Therapy
2. Are you pre-menopausal (still having periods)? ☐ Yes ☐ No
If yes, are your periods irregular? ☐ Yes ☐ No
If yes, is there a chance you could be pregnant? ☐ Yes ☐ No

RISK FACTORS FOR OSTEOPOROSIS (Men & Women)

3. Do you drink more than 3 units of alcohol per day? ☐ Yes ☐ No
4. Did one or both of your parents ever have a hip fracture? ☐ Yes ☐ No
5. Have you taken **oral or intravenous** Prednisone or other **oral or intravenous** steroids for more than 3 months? ☐ Yes ☐ No
6. Have you ever fractured any bones as an adult? ☐ Yes ☐ No
If yes, which bones and when (check & enter date):
☐ Spine ☐ Hip ☐ Wrist ☐ Shoulder ☐ Other _____
7. Do you have Rheumatoid Arthritis? _____ ☐ Yes ☐ No
8. Do you smoke tobacco? ☐ Yes ☐ No

OSTEOPOROSIS MEDICATIONS (Men & Women)

9. Do you take Fosamax (Alendronate)? ☐ Yes ☐ No (If yes, how long? _____)
10. Do you take Actonel (Risedronate)? ☐ Yes ☐ No (If yes, how long? _____)
11. Do you take Boniva (Ibandronate)? ☐ Yes ☐ No (If yes, how long? _____)
12. Do you take Reclast (Zolendronic acid)? ☐ Yes ☐ No (If yes, how long? _____)
13. Do you take Miacalcin (Calcitonin)? ☐ Yes ☐ No (If yes, how long? _____)
14. Do you take Evista (Raloxifene)? ☐ Yes ☐ No (If yes, how long? _____)
15. Do you take Forteo (Teriparatide)? ☐ Yes ☐ No (If yes, how long? _____)
16. Do you take Prolia (Denosumab)? ☐ Yes ☐ No (If yes, how long? _____)

OTHER INFORMATION (Men & Women)

17. Have you had prior surgery to your hip, spine or wrist? ☐ Yes ☐ No
If yes, which bone(s) and when? _____
18. In the last 3 days have you had a Barium X-Ray, CT or Nuclear Medicine Test? ☐ Yes ☐ No
19. Have you lost more than 2 inches of height since high school? ☐ Yes ☐ No