

## 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 (Zoledronic 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