ColumbiaDoctors NewYork-Presbyterian

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Imaging

BONE DENSITOMETRY QUESTIONNAIRE

NAME:_____ DATE OF BIRTH:_____ SEX: ☐ M ☐ F

Have you had this test before? ☐ YES ☐ NO If so, at this location? ☐ YES ☐ NO

If Female:

Are you premenopausal? ☐ YES ☐ NO What age did you start your period?_____

Age of menopause: If not applicable, date of last menstrual period: _____

How many full term pregnancies have you had? _____

Have you ever missed your period for more than 6 months in a row? (not including pregnancy or menopause) ☐ YES ☐ NO

Are you or could you be pregnant? ☐ YES ☐ NO

Please circle the following, if applicable:

1. Have you had a previous hip or spine fracture? ☐ YES ☐ NO; did either of your parents? ☐ YES ☐ NO

2. Have you had any fractures during your adult life not due to any significant trauma? (e.g. car accident) ☐ YES ☐ NO

3. Do you currently smoke? ☐ YES ☐ NO; do you have 3 or more alcoholic drinks per day? ☐ YES ☐ NO

4. Have you ever taken Glucocorticoids for than 3 months? (e.g., Prednisone, oral steroids) ☐ YES ☐ NO

5. Do you have type1 diabetes (insulin dependent); hyperthyroidism, hypogonadism at premenopausal age < 45? ☐ YES ☐ NO

6. Are you being treated for osteoporosis? ☐ YES ☐ NO ; Check the following medications you have taken.
   ☐ Actonel ☐ Evista ☐ Fosamax ☐ Miacalcin ☐ Boniva ☐ Forteo
   ☐ Protelos ☐ Prolia ☐ HRT ☐ Vitamin D ☐ Calcium ☐ Others _____ _____

7. Do you have any of the following medical conditions? Check Please

☐ Anorexia or Bulimia	☐ Any Seizure disorders	☐ Liver disease
☐ Asthma or emphysema	☐ Cancer	☐ Hyperthyroidism (over active)
☐ Kidney Diseases	☐ Gastro-intestinal disease	☐ Adrenal gland (Cushing's or Addison's)
☐ Hyperparathyroidism	☐ Hysterectomy list others	☐ Others _____ _____

8. What was your maximum height? _____
9. Do you perform weight-bearing exercises? (e.g., free weights, resistant bands). ☐ YES ☐ NO
10. Do you consume dairy and/or caffeinated products daily? ☐ YES ☐ NO
11. Have you had any radiological procedures using contrast agents (e.g. iodine, barium) within the last 7 days? ☐ YES ☐ NO

PLEASE REMOVE ANY METAL OR JEWELRY PRIOR TO BEING CALLED FOR THE EXAM