Bone Density History Questionnaire

Name: ____________________________

Patient ID: _________________________

Height: (in) ________________________

Weight: (lb) ________________________

Menopause Age: ____________________

Today's Date: ____________________________

Sex: □ Male □ Female

Date of Birth: ________________________

Referring Physician: ________________________

Ethnicity: □ White □ Black □ Asian □ Pediatric □ Hispanic

1) Have you had a previous hip or vertebral fracture? □ Yes □ No
2) Have you had any fractures during your adult life which did not result from significant trauma? (e.g.; auto accident?) □ Yes □ No
3) Did either of your parents ever fracture a hip? □ Yes □ No
4) Do you smoke? □ Yes □ No
5) Have you ever taken glucocorticoids? □ Yes □ No
6) Do you have rheumatoid arthritis? □ Yes □ No
7) Do you have secondary osteoporosis? □ Yes □ No
8) Do you drink 3 or more alcoholic drinks per day? □ Yes □ No
9) Are you being treated for osteoporosis? □ Yes □ No
10) Have you ever taken the following medications:

   □ Actonel (i.e. risedronate)
   □ Evista (i.e. raloxifene)
   □ Fosamax (i.e. alendronate)
   □ Miacalcin (i.e. calcitonin)
   □ Reclast (i.e. zoledronate)
   □ Vitamin D
   □ Other – Please specify: ____________________________

   □ Boniva (i.e. ibandronate)
   □ Forteo (i.e. parathyroid hormone)
   □ HRT (i.e. estrogen/hormone therapy)
   □ Protelos (i.e. strontium ranelate)
   □ Prolia (i.e. denosumab)
   □ Calcium

11) Do you have any of the following medical conditions:

   □ Anorexia or Bulimia
   □ Asthma or Emphysema
   □ End stage renal disease
   □ Hyperparathyroidism
   □ Other – Please specify: ____________________________

   □ Any seizure disorders
   □ Cancer
   □ Inflammatory bowel diseases
   □ Hysterectomy

12) What was your maximum height in inches? __________

13) Do you perform weight bearing exercises regularly? □ Yes □ No
14) Do you regularly consume dairy products? □ Yes □ No
15) Do you drink caffeinated beverages? □ Yes □ No

If Female:

16) At what age did your period start? __________

17) Are you premenopausal? □ Yes □ No

18) How many full-term pregnancies have you had? __________

19) Have you ever missed your period for more than 6 months in a row? (not including pregnancy or menopause) □ Yes □ No