## **OSTEOPOROSIS RISK QUESTIONNAIRE**

The risk factors listed below have been identified as contributors to the onset of osteoporosis. Please complete the following questions to the best of your ability. All answers will be kept in strict confidence and treated as information in your medical record.

Caucasian O Afro-American O Oriental O Other O Do you have a small-boned frame? O O  PATIENT MEDICAL HISTORY YES NO  Have you taken any of the following medications or treatments? Steroid (prednisone, cortisone etc) O O Thyroid medication O O Anticonvulsants (for seizures) O O Anticonvulsants (for seizures) O O O Anticonvulsants (for seizures) O O O Anticonvulsants (for seizures) O O O O Anticonvulsants (for seizures) O O O O O O O O O O O O O O O O O O O	Your Name			Today's Date: / /			
What is your sex? Female O Male O Do you have a fair complexion? O O Caucasian O Afro-American O Oriental O Other O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O Do you smoke more the ½ pack of cigarettes a day? O O Thyroid medications or treatments? O O Have you smoke more the ½ pack of cigarettes a day? O O Thyroid medication O O Do Have you smoked in the past? O O Anticonvulsants (for seizures) O O Have you smoked in the past? O O Articonvulsants (for seizures) O O Have you smoked in the past? O O Articonvulsants (for seizures) O O Have you a vegetarian or have a diet heavily consisting of vegetables? O O Mist O Do you have an eating disorder, or consume too little nutritious food? O O Do you have an eating disorder, or consume too little nutritious food? O Do you consume too little nutritious food? O Do you consume than 3 dairy products a day? (1 serving - 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream). O Do you consume more than 3 cups Of coffee or the equivalent of caffeine from another source such as a cola beverage per day? O Do you consume more than 3 cups Of coffee or the equivalent of caffeine from another source such as a cola beverage per day? O Do you consume more than 3 times a week or not at all? O Do you have a family history of osteoporosis or other bone disease? O Do you have a lean build or low % of body fat (less than 15% of total body fat? O Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O Do you lost height as you grew older? O Do you bave relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O Do you lost height as you grew older? O Do you have relatives who have suffered a	Date of Birth/ A	ge					
What is your race? Caucasian O Afro-American O Oriental O Other O Do you have a fair complexion? O O  PATIENT MEDICAL HISTORY YES NO  NUTRITION AND EXERCISE YES NO  NUTRITION AND EXERCISE YES NO  NUTRITION AND EXERCISE YES NO  AND you smoke more the ½ pack of cigarettes a day? O O  Have you smoked in the past? O O  Lopo diuretics (Lasix, Burnex etc) O O O  Lopo diuretics (Lasix, Burnex etc) O O O  Have you ever had a fractured bone? O O  Wrist O  Spine O  Wrist O  Other O  O O  Other O  O O  Other O  Do you have an eating disorder, or consume too little nutritious food? O O  Do you drink more that 2 alcoholic beverages a day? O O  Do you consume less than 3 dairy products a day? (1 serving = 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream).  O O  Rheumatoid (or other) arthritis O O  Part of stomach removed O Part of stomach removed O Part of stomach removed O Prolonged immobilization O O Prolonged immobilization O O Prolonged immobilization O O Prolonged mimobilization O O Prolonged immobilization O O O Do you have a lean build or low % of body fat?  Do you have a lean build or low % of body fat?  Do you have a lean build or low % of body fat?  PLEASE CONTINUE WITH QUESTIONS	Height Weight						
What is your race? Caucasian O Afro-American O Oriental O Other O Do you have a fair complexion? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you have a small-boned frame? O O O Do you smoke more the ½ pack of cigarettes a day? O O Steroid (prednisone, cortisone etc) O O Do you smoke more the ½ pack of cigarettes a day? O O O Do you fave a fair complexion. O O Do you smoke more the ½ pack of cigarettes a day? O Do you smoked in the past? O Do you fave a fair to year a diet heavily consisting of vegetables? O Do you have an eating disorder, or consume too little nutritious food? O Do you fave an eating disorder, or consume too little nutritious food? O Do you draw more than 3 dairy products a day? If serving = 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream). O Do you consume more than 3 cups Of coffee or the equivalent of caffeline from another source such as a cola beverage per day? O Do you consume more than 3 times a week or not at all? O Do you have a family history of osteoporosis or other bone disease? O Do you have a lean build or low % of body fat (less than 15% of total body fat? O Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O Do PLEASE CONTINUE WITH QUESTIONS			ERAL I				
Caucasian O Afro-American O Oriental O Other O Do you have a small-boned frame? O O  PATIENT MEDICAL HISTORY YES NO  Have you taken any of the following medications or treatments? Steroid (prednisone, cortisone etc) O O Thyroid medication O O Anticonvulsants (for seizures) O O Anticonvulsants (for seizures) O O O Anticonvulsants (for seizures) O O O Anticonvulsants (for seizures) O O O O Anticonvulsants (for seizures) O O O O O O O O O O O O O O O O O O O	What is your sex? Female O Male O	O			YES	NO	
PATIENT MEDICAL HISTORY YES NO  PATIENT MEDICAL HISTORY YES NO  Have you taken any of the following medications or treatments? Steroid (prednisone, cortisone etc) 10 O O O O O O O O O O O O O O O O O O O	What is your race?			Do you have a fair complexion?	O	O	
Have you taken any of the following medications or treatments?  Steroid (prednisone, cortisone etc)		_		Do you have a small-boned frame?	O	О	
Have you taken any of the following medications or treatments?  Steroid (prednisone, cortisone etc)							
medications or treatments?  Steroid (prednisone, cortisone etc)	`	YES	NO		YES	NC	
Thyroid medication O O Anticonvulsants (for seizures) O O Anticonvulsants (for seizures) O O O Computerities (Lasix, Bumex etc) O O O Supur diet high in animal protein, such as red meat? O O O Supur diet high in animal protein, such as red meat? O O O O O O O O O O O O O O O O O O O	Have you taken any of the following medications or treatments?			· · · · · · · · · · · · · · · · · · ·	О	О	
Anticonvulsants (for seizures) O O Loop diuretics (Lasix, Bumex etc) O O Is your diet high in animal protein, Heparin O O O Such as red meat? O O O Heparin O O O O O O O O O O O O O O O O O O O	Steroid (prednisone, cortisone etc)						
Loop diuretics (Lasix, Bumex etc) Heparin O O Shemotherapy O O Are you a vegetarian or have a diet heavily consisting of vegetables? O O Nother O Spine O Wrist O Other O Othe		_		Have you smoked in the past?	О	О	
Heparin O O O Such as red meat? O O O Chemotherapy O O O O O O O O O O O O O O O O O O O		_		Is your diet high in animal protein			
Chemotherapy  Chronic gastrointestinal disorders O Paget's Disease  Choy ou dark more that 2 alcoholic beverages a day?  Choy ou drink more that 2 alcoholic beverages a day?  Choy ou consume less than 3 dairy products a day? (1 serving = 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream).  Chronic gastrointestinal disorders O Chronic gastrointe		_			O	O	
Are you a vegetarian or have a diet heavily consisting of vegetables?  O heavily consisting of vegetables?  O o heavily consisting of vegetables?  O o o heavily consisting of vegetables?  O o o o o o o o o o o o o o o o o o o	•	_					
Hip O Spine O Wrist O Other O Other O Do you have an eating disorder, or consume too little nutritious food? O Other O Do you drink more that 2 alcoholic beverages a day? O O Other O Do you consume less than 3 dairy products a day? (1 serving = 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream). O O Serving of ice cream of the equivalent of caffeine from another source such as a cola beverage per day? O O O O O O O O O O O O O O O O O O O	,			•			
Spine O Wrist O Other	Have you ever had a fractured bone?	_	O	heavily consisting of vegetables?	O	O	
Wrist O Other O Do you drink more that 2 alcoholic beverages a day? O O O Over-active thyroid O O Over-active thyroid O O O Over-active thyroid O O O O Over-active thyroid O O O O O O O Over-active thyroid O O O O O O O O O O O O O O O O O O O	·			Do you have an eating disorder, or			
Other O Other O Do you drink more that 2 alcoholic beverages a day? O O O Other O Do you consume less than 3 dairy products a day? (1 serving = 8 oz. milk, 1 oz cheese, container of yogurt or serving of ice cream). O O O Do you consume more than 3 cups Of coffee or the equivalent of caffeine from another source such as a cola Prolonged immobilization O O Do you exercise less than 3 times a Paget's Disease O O O O O O O O O O O O O O O O O O O	•	_			O	O	
Have you had any of the following conditions or surgeries?  Over-active thyroid OOO OOO OOOOOOOOOOOOOOOOOOOOOOOOOOOO		_					
Over-active thyroid O O O O O O O O O O O O O O O O O O O		O					
Over-active thyroid Under-active thyroid Under-active thyroid Under-active thyroid O C C C C C C C C C C C C C C C C C C	Have you had any of the following			beverages a day?	O	О	
Under-active thyroid	conditions or surgeries?			Do you concume loss than 2 dains			
Liver disease or problems  Kidney disease  Epilepsy  Insulin-dependent Diabetes  Part of stomach removed  Rheumatoid (or other) arthritis  Chronic gastrointestinal disorders O  Prolonged immobilization  Paget's Disease  Do you have a family history of osteoporosis or other bone disease?  Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45?  I oz cheese, container of yogurt or serving of ice cream).  Do you consume more than 3 cups  Of coffee or the equivalent of caffeine from another source such as a cola beverage per day?  Do you exercise less than 3 times a week or not at all?  Do you have a lean build or low % of body fat (less than 15% of total body fat?  O Do you have a lean build or low % of body fat (less than 15% of total body fat?  O DO YOU have a lean build or low % of body fat?					•		
Liver disease or problems  Kidney disease  Epilepsy  Epilepsy  Insulin-dependent Diabetes  Part of stomach removed  Chronic gastrointestinal disorders O  Prolonged immobilization  Paget's Disease  Do you have a family history of osteoporosis or other bone disease?  Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45?  Chronic gastrointestinal disorders O  Prolonged immobilization  O Do you have a lean build or low % of body fat (less than 15% of total body fat?  O O  PLEASE CONTINUE WITH QUESTIONS	<del>-</del>				٠,		
Epilepsy O O Do you consume more than 3 cups Of coffee or the equivalent of caffeine Form another source such as a cola Do you exercise less than 3 times a Paget's Disease O O O Do you have a family history of Osteoporosis or other bone disease? O O O O O O O O O O O O O O O O O O O	•				O	O	
Insulin-dependent Diabetes O O O Of coffee or the equivalent of caffeine Fart of stomach removed O O Of coffee or the equivalent of caffeine from another source such as a cola beverage per day? O O O O O O O O O O O O O O O O O O O	•			,			
Part of stomach removed O O Grown another source such as a cola beverage per day? O O O Chronic gastrointestinal disorders O O Prolonged immobilization O O O Do you exercise less than 3 times a week or not at all? O O O O O O O O O O O O O O O O O O							
Rheumatoid (or other) arthritis O O O Chronic gastrointestinal disorders O O Prolonged immobilization O O O O O O O O O O O O O O O O O O O	•			•			
Chronic gastrointestinal disorders O Prolonged immobilization Paget's Disease O Do you exercise less than 3 times a week or not at all? O Do you have a family history of osteoporosis or other bone disease? O Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O Do you have a lean build or low % of body fat (less than 15% of total body fat? O O  PLEASE CONTINUE WITH QUESTIONS						_	
Prolonged immobilization O O Do you exercise less than 3 times a week or not at all? O O  Do you have a family history of osteoporosis or other bone disease? O O body fat (less than 15% of total body fat? O O  Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O O  Have you lost height as you grew older? O O PLEASE CONTINUE WITH QUESTIONS	· · ·	_		beverage per day?	O	O	
Paget's Disease O O week or not at all? O O  Do you have a family history of osteoporosis or other bone disease? O O body fat (less than 15% of total body fat? O O  Do you have relatives who have suffered a broken hip, shoulder, wrist or spine after age 45? O O  Have you lost height as you grew older? O O PLEASE CONTINUE WITH QUESTIONS				Do you exercise less than 3 times a			
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a broken hip, shoulder, wrist or spine after age 45?  O O PLEASE CONTINUE WITH QUESTIONS	Do you have a family history of osteoporosis or other bone disease?	О	O	body fat (less than 15% of total body	О	O	
after age 45? O O  Have you lost height as you grew older? O O PLEASE CONTINUE WITH QUESTIONS	Do you have relatives who have suffered						
	a broken hip, shoulder, wrist or spine after age 45?	О	О				
	-	O	O	PLEASE CONTINUE WITH QUESTIO	NS		
ON THE BACK OF THIS SHEET WW WW	That's you lost hoight as you grow dider:			ON THE BACK OF THIS SHEET			

My Current Medications:  Please include dosage	

## Remaining Questions for Females Only



	YES	NO		YES	NO	
Have you gone through the menopause (change of life)?	O	О	Do you take hormones (Premarin, estrogens, etc)?	О	0	
Did your menopause occur before the age of 45?	О	O	If yes, please list:Started:			
Do you have amenorrhea						
(never starting periods, or ended	t		Have you taken hormones in the past?	O	O	
at a young age)?	O	O	(NOT including birth control pills)			
			If yes, please list?			
Have you had any of the			From: To:	_		
following conditions?						
			Have you any of the following side effects			
Hysterectomy (womb removed)	O	O	from hormones?			
Ovaries removed	O	O				
Blood clots	O	O	Breast soreness	O	O	
If yes, were you on hormones			Heavy periods or bleeding	O	O	
at the time?	O	O	Headaches	O	O	
Breast Cancer	O	O	Weight gain or fluid buildup	O	O	
Family history of Breast Cancer	O	O	Other	O	O	
Cancer of the Uterus (womb)	O	0				