BONE DENSITOMETRY PATIENT QUESTIONNAIRE

Patient Name: _________________________________ Date of Birth: _____________ Age: ____

1 - Have you ever had a bone density exam? ☐Yes ☐No

2- If yes, Where? ____, When? _______________________________________

3 - What is your current **WEIGHT?** Pounds________ _ What is your current **HEIGHT?** Feet ______ Inches ______

4 - What is your ethnicity? ☐Asian ☐Black ☐Hispanic ☐White ☐Other

5 - Have you lost any **HEIGHT?** If yes, how many inches: ______________________________________ ☐Yes ☐No

6 - Any previous compression spine fractures? Which level?: ___________________________________ ☐Yes ☐No\

Hip fractures? Which hip? _ ____ ☐Yes ☐No

Wrist fractures? Which arm? ____ ☐Yes ☐No

7 - Do you take oral steroids (Glucocorticoids) or have you taken oral steroids longer than 3 months?
If yes, how long have you taken them?____ ☐Yes ☐No

8 - Did your mother or father ever have a hip fracture? ____ ☐Yes ☐No

9 - Are you currently smoking cigarettes? ____ ☐Yes ☐No

10 - Do you have a confirmed diagnosis of Rheumatoid Arthritis? _________________________________☐Yes ☐No

11 - Do you have one of the following disorders strongly associated with secondary Osteoporosis? Type 1 Diabetes, Osteogenesis Imperfecta, untreated Hyperthyroidism, Hypogonadism, premature menopause (<45), Chronic malnutrition, or malabsorption and chronic liver disease? _________________________ ☐Yes ☐No

12 - Do you drink 3 or more glasses of alcohol a day? ____☐Yes ☐No

13 - Have you had surgery to your lower back? If yes, what level? _________________________________☐Yes ☐No

14 - Do you currently take any osteoporotic medication? If yes, what is the name of the medication(s) and how long have you been taking them? ____ ☐Yes ☐No

15 - Do you take calcium supplements? If yes, how long? _______________________________________☐Yes ☐No

16 - Do you take hormone replacement? If yes, how long? ______________________________________ ☐Yes ☐No

17 - Any family history of osteoporosis? If yes, who? ____ ☐Yes ☐No

---

FOR OFFICE USE ONLY
LVA: > 65 and questions 3 – 5
FRAX: Questions 4 - 10