Island Rheumatology and Osteoporosis, PC

OSTEOPOROSIS QUESTIONNAIRE

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NAME: ______________________________ SEX: ☐ FEMALE ☐ MALE

AGE: ______________________________ HEIGHT (inches): ______________________________

DATE OF BIRTH: ______________________________ WEIGHT (pounds): ______________________________

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. Do you have hip replacements? ☐Yes ☐No

   If yes, ☐Right ☐Left ☐Both
4. Did either of your parents ever have a hip fracture? ☐Yes ☐No
5. Do you smoke? ☐Yes ☐No
6. Have you ever taken Glucocorticoids (Prednisone) for three months or longer? ☐Yes ☐No
7. Do you have rheumatoid arthritis? ☐Yes ☐No
8. Do you have secondary osteoporosis? ☐Yes ☐No
9. Do you drink three or more alcoholic drinks per day? ☐Yes ☐No
10. Are you being treated for osteoporosis/osteopenia? ☐Yes ☐No
11. Have you ever taken any of the medications for osteoporosis? ______________________________
12. Do you have or have you ever had any of the following medical conditions? *(check all that apply)*

☐Anorexia or Bulimia
☐Asthma or Emphysema
☐End stage renal disease
☐Hyperparathyroidism
☐Any Seizure Disorders
☐Cancer
☐Inflammatory bowel diseases (Crohn Disease or Ulcerative Colitis)
☐Hysterectomy
☐Other: ________________

13. What was your maximum height (inches)? ____________
14. Do you perform weight bearing exercise regularly? ☐Yes ☐No
15. Do you regularly consume dairy products? ☐Yes ☐No
16. Do you drink caffeinated beverages? ☐Yes ☐No

If female:

17. At what age did your period start? ____________
18. Are you premenopausal? ☐Yes ☐No
19. How many full term pregnancies have you had? ____________
20. Have you ever missed your period for more than six months in a row (not including pregnancy or menopause)? ☐Yes ☐No