Bone Density Osteoporosis Questionnaire

Name_____ Date_____

Age_____ DOB_____ Height: _____ Weight: _____

Male ☐ Female ☐ (Premenopausal / Postmenopausal)

Race (circle all that apply): Caucasian African American Asian Hispanic

Have you had a barium study, CT, MRI or nuclear medicine scan within the last 2 weeks? Yes No

Are you currently being monitored by a Neulasta Onpro? (during chemotherapy) Yes No

Do you have any medical monitoring devices or an insulin pump? Yes No

Previous bone density scan: Where _____ When_____

FRAX:

Have you broken any bones as an adult? Yes No

Vertebra (spine) Yes No Femur (hip) Yes No Other_____

How many fractures total _____ Did these occur with minor trauma (fall from standing height)? Yes No

Did your parents have a hip fracture? Yes No

Do you smoke? Yes No

Have you taken Prednisone (steroids) Yes No - current past

dose:_____ how long? _____

Have you taken Prednisone for longer than 3 months total in your life? Yes No

Do you have Rheumatoid Arthritis? Yes No

Do you have any of the following (strongly associated with secondary osteoporosis)?

Type 1 (insulin dependent) Diabetes Yes No

Osteogenesis imperfect as an adult Yes No

Untreated longstanding hyperthyroidism Yes No

Hypogonadism /premature menopause (before age 45) Yes No

Chronic malnutrition (anorexia / bulimia) Yes No

Malabsorption (chronic GI disorder, gastric bypass) Yes No

Chronic liver disease Yes No

Do you drink 21 or more alcoholic drinks a week? Yes No

OVER

Have you ever had any of the following:

Spine surgery Yes No Hip surgery Yes No

Medications: *circle*

Calcium current / past

Vitamin D current / past

HRT (estrogen/hormone therapy) (excluding vaginal) current / past - last dose taken in the past 12 months? Yes / No

Miacalcin (calcitonin) current / past – last dose taken in the past 12 months? Yes / No

PTH (Forteo / Tymlos) current / past – last dose taken in the past 12 months? Yes / No

Denosumab (Prolia / Xgeva) current / past – last dose taken in the past 12 months? Yes / No

Romosozumab (Evenity) current / past – last dose taken in the past 12 months? Yes / No

SERM: *circle*

Evista (raloxifene) / Tamoxifen / Toremifene / Femarelle /Fablyn (lasofoxifene) / Osphena (ospemifene)

*Current / past - last dose taken in the past 12 months? Yes / No

Bisphosphonates: *circle*

Fosamax (alendronate) / Actonel (risedronate) / Didronel (etidronate) /Aredia (pamidronate) / Boniva (ibandronate) / Zometa ,Reclast, Aclasta (zolendronate)

* current / past - last dose taken in the past 24 months? Yes / No

Any other medications for your bones:_____