



Osteoporosis Questionnaire

Name _____

Date _____

Age _____ Height _____ Weight _____

1. Did you experience menopause before age 45? Yes No
2. Has anyone in your family been diagnosed with osteoporosis? Yes No
3. Has anyone in your family had a hip fracture? Yes No
4. Have you ever had breast cancer? Yes No
If you answered yes, were you treated with Tamoxifen? Yes No
5. Are you of either Caucasian or Asian descent? Yes No
6. Are you fairly thin or of small build? Yes No
7. Do you take, or have you ever taken, steroids, (commonly used to treat asthma and arthritis)? Yes No
Thyroid hormones (Synthroid, L-Thyroxine)? Yes No
Estrogen replacement hormones? Yes No
8. Do you smoke or have you smoked in the past? Yes No
9. Do you generally have more than one alcoholic drink a day? Yes No
10. Do you exercise fewer than 3 times a week? Yes No
11. Do you avoid dairy products? Yes No
12. Do you take calcium supplements? Yes No
13. What height were you in high school? _____
14. Have you broken any bones as an adult? Yes No
15. Have you had any bone surgery? Yes No
16. Do you have any diseases or problems of the bones? Yes No
17. Have you noticed any rounding of your shoulders or experienced any unexplained back pain?
Yes No
18. Have you had any barium or radioactive substances in the past week? Yes No
19. Do you have diabetes? Yes No

Referring Physician _____

Address _____