Osteoporosis Questionnaire

Name:______________________________________ DOB:__________________ Age:_____________

Ethnic:_____________________________________ Weight:______________ Present Height______

Check any of the following that apply to you:

______Abdominal Surgery
______Anorexia
______Arthritis (Degenerative or Rheumatoid)
______Back pain
______Bowel Disease, type _____________
______Breast Cancer
______Broken bone as an adult
______Cushing Syndrome
______Diabetes
______Do you have Osteoporosis?
______Excessive Tooth Decay
______Family history of Osteoporosis
______Intestinal bypass surgery
______Kidney or Liver Disease
______Lupus
______Organ Transplant
______Paget's Disease
______Parathyroid Disease
______Surgery on Spine or Hip
______Thyroid Disease/Dysfunction
______Uterine Cancer
______Vitamin D deficiency

Answer Yes or No to the following:

Y/N Are you under 126 pounds?
Y/N Gone through menopause, Age __________
Y/N Had a hysterectomy
Y/N Had your ovaries removed
Y/N Currently taking hormones
Y/N Previous to menopause, my periods where often irregular
Y/N Have you ever smoked cigarettes? Length of time____________# of pks/day___________
Y/N I take calcium supplements at least 3 or 4 times a day
Y/N I eat calcium rich foods every day
Y/N I am unable to tolerate dairy products
Y/N I seldom consume dairy products
Y/N I drink more than 3 alcoholic drinks each week
Y/N I have taken Steroids for at least 6 months
Y/N I have taken Thyroid pills since ______________________
Y/N I have taken Dilantin or Phenobarbital since ___________________
Y/N I have taken Fosamax, Actonel, Boniva, Forteo since _____________________
Y/N I have taken Miacalcin or Calimar since ________________________
Y/N I have taken Evista since _______________________
Y/N I have taken Estrogen (Premarin, Estrogen Patch, etc) since___________________
Y/N I have Antacids type ____________________
Y/N I have Diuretics since ___________________
Y/N I have taken Floride since _______________
Y/N I drink caffeine daily/type/# of cups________ coffee________ tea_______ soda_______
How many times per week do you exercise? 0/wk 1-2wk 3-4wk 5-6wk