Delaney Radiologists

BONE DENSITY PATIENT HISTORY QUESTIONNAIRE

Name: ______________________________ Date of Birth: ______________

Sex: ☐ Female ☐ Male Age of Menopause: ______________ Ethnicity: ______________

Current Height: __________ Maximum Height: ______________ Current Weight: ______________

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. Did either of your parents ever have a hip fracture? . . . . ☐ YES ☐ NO
4. Do you smoke? . . . . ☐ YES ☐ NO
5. Have you EVER taken glucocorticoids longer than 3 months (e.g., prednisone)? . . . . ☐ YES ☐ NO
6. Do you have RHEUMATOID arthritis (not osteoarthritis)? . . . . ☐ YES ☐ NO
7. Do you have SECONDARY osteoporosis (osteoporosis that has a direct cause)? . . . . ☐ YES ☐ NO
8. Do you drink 3 or more alcoholic drinks per day? . . . . ☐ YES ☐ NO
9. Are you being treated for osteoporosis? . . . . ☐ YES ☐ NO
10. Have you EVER taken any of the following medications?:
    - ☐ Actonel (i.e. risedronate)
    - ☐ Evista (i.e. raloxifene)
    - ☐ Fosamax (i.e. alendronate)
    - ☐ Miacalcin (i.e. calcitonin)
    - ☐ Reclast (i.e. zoledronate)
    - ☐ Vitamin D
    - ☐ Boniva (i.e. ibandronate)
    - ☐ Forteo (i.e. parathyroid hormone)
    - ☐ HRT (i.e. estrogen/hormone therapy)
    - ☐ Protelos (i.e. strontium ranelate)
    - ☐ Prolia (i.e. denosumab)
    - ☐ Calcium
    - ☐ Other - Please Specify: ______________________________
11. Do you have any of the following medical conditions?:
    - ☐ Anorexia or Bulimia
    - ☐ Asthma or Emphysema
    - ☐ End stage renal disease
    - ☐ HyperPARAthyroidism (not hyperthyroid)
    - ☐ Seizure disorders
    - ☐ Cancer
    - ☐ Inflammatory bowel disease
    - ☐ Hysterectomy
    - ☐ Other - Please Specify: ______________________________
12. Do you perform weight bearing exercises regularly? . . . . ☐ YES ☐ NO
13. Do you regularly consume dairy products? . . . . ☐ YES ☐ NO
14. Do you drink caffeinated beverages? . . . . ☐ YES ☐ NO

FEMALES:

15. Are you Premenopausal? . . . . ☐ YES ☐ NO
16. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? . . . . ☐ YES ☐ NO
17. At what age did your period start? ______________
18. How many full term pregnancies have you had? __________

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