Imaging Center for Women
Bone Densitometry Questionnaire
540-741-3250

Name _____ **Date** _____

Have you had a prior bone density exam? If yes, where? **Y** **N**

_____

Ethnicity: White_____ African American_____ Asian_____ Hispanic_____

1. Have you ever had lower back surgery?_____Any metal in the lower back or abdomen?_____
2. Have you had a previous hip or spine fracture over the age of 40? Y N
3. Have you had any fractures during your adult life which did **not** result from significant trauma (e.g. auto accident) **excluding** head, hands or feet? Y N
4. Did either of your parents ever have a hip fracture? Y N
5. Do you smoke? Y N
6. Have you taken steroids (5 mg. or more daily) for more than 3 months Y N
7. Has a Rheumatologist told you that you have rheumatoid arthritis? Y N
8. Do you drink 3 or more alcoholic drinks per day? Y N
9. Are you being treated for **osteoporosis?** Y N

10. Have you ever taken any of the following medications: (date last taken)

___ Actonel (i.e. risedronate) _____ ___ Boniva (i.e. ibandronate)_____
___ Evista (i.e. raloxifene)_____ ___ Forteo (i.e. parathyroidhormone)_____
___ Fosamax (i.e. alendronate)_____ ___ HRT (i.e. hormone therapy)_____
___ Miacalcin (i.e. calcitonin)_____ ___ Protelos (i.e.strontium ranelate)_____
___ Reclast (i.e. zoledronate)_____ ___ Prolia (i.e. denosumab)_____
___ Vitamin D _____ ___ Calcium _____
___ Other – please specify _____

11. Do you have any of the following medical conditions:

____ Anorexia or Bulimia ____ Any Seizure Disorders
____ Asthma or Emphysema ____ Cancer If yes what kind_____
____End stage renal disease ____ Inflammatory bowel diseases
____ Hyperparathyroidism (i.e. Crohn's, Diverticulitis, Colitis)
____ Other-Please specify ____ Hysterectomy (TOTAL ONLY)

12. What is the tallest you have ever been (inches)? _____
13. Do you walk, run **or** exercise on your feet regularly? Y N
14. Do you eat eggs, bread **or** drink milk regularly? Y N
15. Do you drink caffeinated beverages? Y N

If female:

16. At what age did your period **start**? _____ **Stop**(no hysterectomy)_____
17. Are you **PRE**-menopausal? Y N
18. How many full term pregnancies have you had? _____
19. Have you ever missed your period for more than 6 months in a row **(NOT including pregnancy or menopause)?** Y N