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?       Y  N
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. parathyroid hormone)  
    ___ 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