Osteoporosis Risk Screening Questionnaire

Have you ever been diagnosed with any of the following:

- Vitamin D deficiency
- Cystic Fibrosis
- Anorexia/Bulimia
- Hyperprolactinemia
- Turner’s/Klinefelter’s syndrome
- Adrenal insufficiency
- Hypothyroidism
- Grave’s Disease
- Diabetes Mellitus
- Fracture
- Hyperparathyroidism
- Cushing’s syndrome
- Celiac Disease
- Hemophilia
- Multiple myeloma
- Sickle Cell Anemia
- Rheumatoid Arthritis
- Lupus
- Alcoholism
- Emphysema
- Muscular Dystrophy
- Organ Transplant
- Scoliosis
- Multiple Sclerosis
- Epilepsy
- Low Testosterone
- Gastroesophageal Reflux
- Diabetes Mellitus
- Fracture
- Hyperparathyroidism
- Cushing’s syndrome
- Celiac Disease
- Hemophilia
- Multiple myeloma
- Sickle Cell Anemia
- Rheumatoid Arthritis
- Lupus
- Alcoholism
- Emphysema
- Muscular Dystrophy
- Organ Transplant
- Scoliosis
- Multiple Sclerosis
- Epilepsy
- Low Testosterone
- Gastroesophageal Reflux

Have you ever taken any of the following medications?

- Heparin
- Chemotherapy Drugs
- Antacids
- Lithium
- Depo-Provera (“deposhot”)
- Estrogen
- Prednisone/steroids
- Tegretol
- Dilantin
- Phenobarbital
- Furosemide (Lasix)
- Leuprolide (Lupron)
- Buserelin (Suprefact)
- Nafarelin (Synarel)
- Histrelin (Suprelorin)
- Goserein (Zolade)
- Deslorelin (Suprelorin)
- Anastrozole (Arimidex)
- Letrozole (Femara)
- Exemestane (Aromasin)
- Vorozole (Rivizor)
- Formestane (Lentaron)
- Fadrozole (Afema)

How many servings of dairy or other calcium containing foods do you consume in a day?
________________________________________________________________________

How many caffeinated beverages do you consume daily?
________________________________________________________________________

How many alcoholic beverages do you consume in a week?
________________________________________________________________________

How many times per week do you exercise?
________________________________________________________________________

Do you consume any tobacco products?

_____ No  _____ Yes  If so, what kind? ________________________________
DXA should be ordered every 2-3 years:
  • On all women greater than or equal to 65 years old, and men greater than or equal to 70 years old.
  • On men and women greater than or equal to 50 years old with risk factors identified on risk assessment questionnaire, have increased fall risk, and/or have low BMI.

DXA should be ordered prior to 2 years if patient is on steroid therapy of 7.5mg or greater for longer than 3 months.