VIRGINIA
WOMEN'S CENTER

Osteoporosis Questionnaire

Name: _____ **Date:** _____

Patient ID: _____ **Sex:** ☐**Female** ☐ **Male**

Current Height (inches): _____ **Date of Birth:** _____

Weight (pounds): _____ **Referring Physician:** _____

Menopause Age (if female): _____ **Ethnicity:** _____

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. Do you have hip replacements? ☐Yes ☐No
   If yes, ☐Right ☐Left ☐Both
4. Did either of your parents ever have a hip fracture? ☐Yes ☐No
5. Do you smoke? ☐Yes ☐No
6. Have you ever taken Glucocorticoids (Prednisone) for three months or longer? ☐Yes ☐No
7. Do you have rheumatoid arthritis? ☐Yes ☐No
8. Do you have secondary osteoporosis? ☐Yes ☐No
9. Do you drink three or more alcoholic drinks per day? ☐Yes ☐No
10. Are you being treated for osteoporosis/osteopenia? ☐Yes ☐No
11. Have you ever taken any of the following medications? *(check all that apply)*

☐Actonel (i.e. risedronate)	☐Reclast (i.e. zoledronate)	☐Protelos (i.e. strontium ranelate)
☐Evista (i.e. raloxifene)	☐Boniva (i.e. ibandronate)	☐Prolia (i.e. denosumab)
☐Fosamax (i.e. alendronate)	☐Forteo (i.e. parathyroid hormone)	☐Vitamin D
☐Miacalcin (i.e. calcitonin)	☐HRT (i.e. estrogen/hormone therapy)	☐Calcium
		☐Other: _____

12. Do you have or have you ever had any of the following medical conditions? *(check all that apply)*

☐Anorexia or Bulimia	☐Hyperparathyroidism	☐Inflammatory bowel diseases
☐Asthma or Emphysema	☐Any Seizure Disorders	☐Hysterectomy
☐End stage renal disease	☐Cancer	☐Other: _____

13. What was your maximum height (inches)? _____
14. Do you perform weight bearing exercise regularly? ☐Yes ☐No
15. Do you regularly consume dairy products? ☐Yes ☐No
16. Do you drink caffeinated beverages? ☐Yes ☐No

If female:

17. At what age did your period start? _____
18. Are you premenopausal? ☐Yes ☐No
19. How many full term pregnancies have you had? _____
20. Have you ever missed your period for more than six months in a row (not including pregnancy or menopause)? ☐Yes ☐No