

Bone Health Questionnaire

Name: _____ Date: _____

1. How did you hear about this program? _____
2. Have you had height loss or gotten shorter since your 20's?
 No Yes – How much in your best estimate? _____ inches
3. If female: Are you still having periods?
 No **Circle** - naturally **OR** surgical hysterectomy with ovaries removed? Yes
4. If male: have you ever been told you have low testosterone?
 No Yes
5. Did you ever take hormone replacement therapy?
 No Yes
6. Are you a Vegetarian or Vegan?
 No Yes
7. Do you currently smoke, or did you?
 No Yes
8. Do you drink alcohol?
 No Yes
9. Have you had more than 2 falls in the past year?
 No Yes
10. How active have you been in the last 12 months? (prior to injury)
 Not able to walk
 Not active (walking less than a mile a day)
 Somewhat active (walking some but less than 2 miles a day)
 Very active (walking 2 or more miles a day)
11. How many caffeinated beverages do you have a day (1 serving = 8 oz)
 No caffeinated beverages Less than 3 servings a day More than 3 servings a day
12. Did either of your parents have a hip fracture after the age of 50 or any family history of osteoporosis?
 No Yes
13. Have you ever been diagnosed with any of the following diseases or disorders? (check all that apply)

- Rheumatoid arthritis
- Celiac disease or absorption disorder
- COPD
- Hyperparathyroidism
- Diabetes
- Lupus
- Gastric Bypass
- GERD
- Hypothyroidism
- Kidney stones
- Seizure Disorder
- Hep B or C
- HIV/AIDS
- Paget's Disease

14. Current Fractures:

- No Yes - Location: _____

Date of fracture: _____

15. Have you broken any other bones since you turned 50 or older besides your current broken bone?

- No Yes (please list all) – Where _____

16. Have you had a Bone Density scan or DXA in the past 2 years?

- No Yes – Location: _____

17. Are you current or have you ever taken any of the following medications? How long?

Drug Name	How Long	Drug Name	How Long
Fosamax (alendronate)		Forteo (Teriparatide)	
Didronel (etidronate)		Prolia (Denosumab)	
Boniva (Ibandronate)		Anticonvulsant (Gabapentin, Lyrica, Lamictal)	
Aredia (Pamidronate)		Anticoagulants (Heparin, warfarin)	
Actonel (Risedronate)		Opioids (oxycodone/oxycotin)	
Reclast (Zoledronate)		Oral steroids (prednisone)	
Fortical (Calcitonin)		PPI's (Omperezole, Prilosec, Nexium)	
Miacalcin (nose spray)		SSRI's (Lexapro, Celexa, Sertalline)	
Evista (Raloxifene)			

18. Have you ever had a high or low Calcium level?

- No Yes

19. Have you ever had a low Vitamin D level?

- No Yes

20. Are you taking either of the following nutritional supplements? If so, dose and how long?

Vitamin D - No Yes

Calcium - No Yes

21. Have you ever been treated for cancer with high beam radiation or had radioactive implants?

- No