

BONE DENSITOMETRY QUESTIONNAIRE

PATIENT DETAILS

PATIENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____

Please answer to following questions

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|-------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are you pregnant? | YES | NO |
| 2 Have you had an Isotope Bone Scan within the last 2 days? | YES | NO |
| 3 Have you had a X-Ray examination involving the injection of a contrast agent(iodine dye) within the last 5 days? | YES | NO |
| 4 Do you take any of the following medications regularly? Prednisone / other steroids Heparin Anti-convulsants | YES | NO |
| 5 Do you take Oestrogen or Progesterone medication? | YES | NO |
| 6 Do you take any other hormonal medication? If yes, details _____ | YES | NO |
| 7 Do you have a family history of Osteoporosis? | YES | NO |
| 8 Do you smoke? | YES | NO |
| 9 Do you exercise? | YES | NO |
| 10 Are you a post-menopausal? | YES | NO |
| 11 Did you ever fractured your hip spine | YES | NO |
| 12 Have you had any surgery on your hip spine | YES | NO |

RISK FACTORS FOR OSTEOPOROSIS & FRACTURES

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|--------------------------------|----------------------|-------------------------|
| Advancing Age | Smoking | Hypogonadism |
| Female gender | High Caffeine intake | Corticosteroid use |
| White or Asian Ethnicity | Sedentary lifestyle | Anti-convulsant use |
| Family history of Fractures | Amenorrhoea | Thyroxine use |
| Low Calcium / Vitamin D intake | Hyperparathyroidism | Heparin use |
| Excessive alcohol intake | Hypercorticism | Malabsorption Syndromes |
| Low Body Mass Index | Hypothyroidism | Anorexia Nervosa |