

**BONE MINERAL DENSITY & OSTEOPOROSIS QUESTIONNAIRE**



107-21 Queensway west  
Mississauga, Ont, L5B1B6

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

OSTEOPOROSIS QUESTIONNAIRE

Age: \_\_\_\_\_ Yrs

Weight \_\_\_\_\_ Kg

Height \_\_\_\_\_ Cm

PATIENT HISTORY

- 1. Have you ever had a previous bone mineral density exam here? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you had a previous bone mineral density exam at another location? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Have you had any surgery on your back? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you had any surgery on your hips? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Have you had a nuclear medicine or x-ray exam with dye in the last week? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you had a barium x-ray in the last 2 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Have you broken any bones since you were 40 years old? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which bone? \_\_\_\_\_  
What caused the broken bone? \_\_\_\_\_
- 5. Are you currently taking Prednisone or steroids? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: for how long? \_\_\_\_\_  
If yes: what was your dosage? \_\_\_\_\_  
Have you taken steroids in the past for longer than 3 months? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Have you ever been treated with medication for osteoporosis? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you take calcium supplements? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you take Fosamax , Didrocal , Didronel , or similar medication? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Has anyone in your family had osteoporosis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who : mother \_\_\_\_\_ sister \_\_\_\_\_ aunt \_\_\_\_\_ other \_\_\_\_\_

FEMALE PATIENTS ONLY:

- 8. Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Do you still have your periods? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, how old were you when they stopped? \_\_\_\_\_
- 10. Are you on hormone replacement therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your dosage? \_\_\_\_\_