<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td><strong>Bone Density Patient Questionnaire</strong></td>
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<tr>
<td>Name: ___________________________ Date: __________________________</td>
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<tr>
<td>Age: ______ years Sex (circle): Female or Male</td>
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<tr>
<td>Race (circle): White or Black or Hispanic or Asian or Other: ______</td>
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<tr>
<td>Medications (name only): ______________________________________________</td>
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**MENOPAUSE (Questions for women only)**

1. Are you postmenopausal (have you stopped having periods)? YES NO
   What year did you start menopause (or stop having periods)? ______
   Was your menopause (circle): Age related or Surgery or Chemotherapy or Radiation Therapy

2. Are you premenopausal (still having periods)? YES NO
   If YES, are your periods irregular? YES NO
   If YES, is there a chance you could be pregnant? YES NO

3. Have you ever had a menstrual period? YES NO

**RISK FACTORS FOR OSTEOPOROSIS (Men and Women)**

4. Do you have a family history of osteoporosis? YES NO
5. Do you smoke tobacco? YES NO
6. Have you ever fractured any bones? YES NO
   If YES, which bones and when (circle and enter when)
   SPINE: _______ HIP: _______ WRIST: _______ OTHER BONES: _______
7. Have you lost more than 2 inches of height since high school? YES NO
8. Do you take Prednisone or other steroid medications? YES NO
   If YES, how long? ______
9. Do you have hyperparathyroidism? YES NO
10. Do you have any other risk factors for osteoporosis? YES NO
    If yes, list them: _____________________________________________

**OSTEOPOROSIS MEDICATIONS (Men and Women)**

11. Do you take Estrogen and/or Progesterone medications? YES NO
    If yes, how long? ______
12. Do you take Fosamax (Alendronate)? (if yes, how long? ______) YES NO
13. Do you take Actonel (Risedronate)? (if yes, how long? ______) YES NO
14. Do you take Boniva (Ibandronate)? (if yes, how long? ______) YES NO
15. Do you take Reclast (Zoledronic acid)? (if yes, how long? ______) YES NO
16. Do you take Miacalcin (Calcitonin)? (if yes, how long? ______) YES NO
17. Do you take Evista (Raloxifene)? (if yes, how long? ______) YES NO
18. Do you take Forteo (Teriparatide)? (if yes, how long? ______) YES NO
19. Do you take generic medicine for osteoporosis? YES NO (if yes, how long? ______)

**OTHER INFORMATION (Men and Women)**

20. Have you had prior surgery to your hip, spine, or wrist? YES NO
    If yes, which bone(s) and when? ________________________________
21. In the last 3 days have you a barium X-ray, CT, or nuclear medicine test? YES NO