



Name: _____ Date: _____
Age: _____ years Sex (circle): Female or Male
Race (circle): White or Black or Hispanic or Asian or Other: _____
Medications (name only): _____

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 (Zolendronic 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