Osteoporosis Risk Questionnaire

FACTORS YOU CANNOT CHANGE:

1. Family History
   Do you have a close relative who has developed osteoporosis?
   Yes/No

2. Ethnicity
   Are you of Caucasian or Asian descent?
   Yes/No

3. Bone Structure & Body Weight
   Are you small boned and thin?
   Yes/No

4. Hormone Levels
   Are you a woman experiencing abnormal absence of menstrual periods (amenorrhea), low estrogen level (menopause), or a man with low testosterone level?
   Yes/No

5. Medication History
   Have you taken any of the following medications long-term?
   (Steroids, Thyroid Medication, Anti-convulsants, or hormones)
   Yes/No

6. Calcium Intake
   Did you eat a calcium rich diet daily as a child?
   Yes/No

7. Eating Disorder
   Did you ever have anorexia or bulimia?
   Yes/No

FACTORS YOU CAN CHANGE:

8. Diet
   Do you NOT eat a calcium-rich diet daily or take a calcium supplement?
   Yes/No

9. Alcohol
   Do you consume more than two alcoholic beverages daily?
   Yes/No

10. Caffeine/Carbonated soft drinks
    Do you consume caffeinated or carbonated beverages in excess?
    Yes/No

11. Smoking
    Do you smoke or have you smoked in the past?
    Yes/No

13. Exercise
    Do you participate in weight-bearing exercise regularly?
    Yes/No

TOTAL SCORE _____

If you answered YES to 0-3 question(s) …	**Low Risk for Osteoporosis**
If you answered YES to 4-6 questions …	**Moderate Risk for Osteoporosis**
If you answered YES to 6 questions or more …	**High Risk for Osteoporosis**

Bone Sonometry Screening

T-SCORE _____

MONITORING PROGRAM

Bone Health Supplement Therapy Starting Date _____

Product:_____

Weight-bearing Exercise Starting Date: _____

Program: _____

Medication Therapy Starting Date: _____

Product/Dosage: _____

Next BMD Test Due: _____