Wake Forest University Baptist MEDICAL CENTER
Outpatient Imaging

Bone Density Patient Questionnaire

Name: _____ Date: _____

	Has Prior

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 (stop having periods)? _____
   Was your menopause caused by (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? (if yes, how long? _____) ------- YES NO
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? ----(if yes, how long? _____) --- YES NO
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? ----------(if yes, how long? _____) --- YES NO

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