

# Concerned About Osteoporosis?

IF YOU'RE A WOMAN PAST MENOPAUSE, you should be. Osteoporosis affects half of all Caucasian women past age 50. Take steps now to assure your independence and quality of life. Please take a few minutes to complete the following *Osteoporosis Risk Survey*. Upon reviewing the information you provide, a healthcare practitioner can advise you regarding your risk of developing osteoporosis and, if necessary, refer you for further testing.

## Osteoporosis Risk Survey

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### Patient Information:

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Age at menopause: \_\_\_\_\_ Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Risk Factor Assessment

- |                                                                                     |     |    |
|-------------------------------------------------------------------------------------|-----|----|
| 1. Are you a Caucasian or Asian female?                                             | Yes | No |
| 2. Do you have a family history of osteoporosis?                                    | Yes | No |
| 3. Do you have a personal history of fracture as an adult?                          | Yes | No |
| 4. Did you have surgically-induced menopause or both ovaries removed before age 45? | Yes | No |
| 5. Do you suffer from irregular or stopped menstrual periods (1 year or more)?      | Yes | No |
| 6. Do you smoke cigarettes?                                                         | Yes | No |
| 7. Do you have low body weight (less than 127 lbs.)?                                | Yes | No |
| 8. Have you had a lifelong low calcium intake?                                      | Yes | No |
| 9. Do you consume more than 2 servings of alcohol daily?                            | Yes | No |
| 10. Are you getting little or no weight-bearing exercise?                           | Yes | No |

TOTAL NUMBER OF POSITIVE (YES) RESPONSES \_\_\_\_\_

*(Risk factors are associated with an increased chance of developing osteoporosis in the future.)*

### Who Should Be Tested for Bone Mineral Density (BMD)?

- |                                                                                                                                                                              |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you a woman 65 years of age or older?                                                                                                                                 | Yes | No |
| 2. Are you a postmenopausal woman under age 65 who has one or more additional risk factors (from section above) for osteoporosis?                                            | Yes | No |
| 3. Have you been on hormone replacement therapy for prolonged periods (more than 3 months)?                                                                                  | Yes | No |
| 4. Have you taken steroids or glucocorticoid medications (prednisone, cortisone) to treat asthma, arthritis, lupus or other chronic diseases (3 consecutive months or more)? | Yes | No |

TOTAL NUMBER OF POSITIVE (YES) RESPONSES \_\_\_\_\_

*(BMD testing may be advisable for patients with one or more positive responses.)*