



NAME: _____
DATE: _____

Osteoporosis Risk Questionnaire

1. General Information

- ___ Are you Female? (4 points)
- ___ Race: _____ Caucasian or Asian? (3 points)
- ___ Do you have a fair complexion? (2 points)
- ___ Height: _____ Do you have a small frame?(4)
- ___ Are you 40-69 years old? (2)
- ___ Are you older than 70 years? (4)
- ___ Weight: _____ Do you have a lean build or low body fat (<15% body weight)? (4)

For women only

- ___ *Have you breast fed at least one child? (1)*
- ___ *Have you had children? (4)*
- ___ *Did your menopause occur before age 46? (2)*
- ___ *Do you exercise a great deal with irregular or no menstruation?(4)*

Total score for Section 1 _____

2. Nutrition and exercise

- ___ Do you smoke more than 10 cigarettes a day? (4)
- ___ Do you drink alcohol? 1-2 ounces a day (2) >3 ounces a day?(3)
- ___ Do you avoid milk and other dairy products? (3)
- ___ Is your diet high in animal protein such as red meat? (2)
- ___ Are you a vegetarian? (2)
- ___ Do you have an eating disorder or consume too little nutritious food? (4)
- ___ Do you consume more than 3 cups of coffee (or caffeinated sodas) a day? (2)
- ___ Do you exercise infrequently or not at all? (3)

Total for Section 2 _____

3. Family History

- ___ Do you have a family history of osteoporosis or other bone disease? (4)
- ___ Do you have relatives who have suffered a broken hip, shoulder or wrist after age 45? (3)
- ___ Do you have relatives who have lost height as they grow older? (3)

Total score for section 3 _____

4. Patient History

- ___ Steroids(4)
- ___ Thyroid (4)
- ___ Anticonvulsants or seizure medications (2)
- ___ Diuretics or fluid pills(2)
- ___ Heparin(2)
- ___ Chemotherapy(2)
- ___ Lithium (2)
- ___ Hormones – not including birth control pills(2)
- ___ GnRH agonists(2)

Total for section 4 _____

5. Medical History

- ___ Hyperthyroidism or hyperparathyroidism (3)
- ___ Cirrhosis or other chronic liver problems (3)
- ___ Kidney disease (3)
- ___ Arthritis (4)
- ___ Epilepsy (4)
- ___ Insulin dependant diabetes (4)
- ___ Part of stomach removed (4)
- ___ Fractured bones (4)
- ___ Ovaries removed (4)

Total score for section 5 _____

How to determine your risk level:

Score 0-8 – Low Risk As you grow older your risk will increase. Good nutrition, exercise and choices about other controllable risk factors will minimize your loss of bone density.

Score 9-16 – Moderate Risk Pay close attention to your risk factors. Ask your physician about factors that can cause bone loss. If you are menopausal, discuss preventative options with your physician.

Score 17 and over – High Risk Take steps to counteract bone loss. You may want your physician to measure your bone density to evaluate their present condition and formulate a plan.