

OSTEOPOROSIS RISK QUESTIONNAIRE

NAME _____ **DATE** _____

GIVE YOURSELF 1 POINT FOR EVERY YES IN SECTION I:

- 1. Do you exercise less than 3 times a week or not at all? _____
- 2. Do you avoid intake of milk and dairy products? _____
- 3. Do you eat a high protein diet? _____
- 4. Do you drink more than 2 oz. alcohol daily or more than 3 times/wk? _____
- 5. Do you drink 3 or more cups of coffee or soda pop daily? _____
- 6. Do you smoke cigarettes or use tobacco products regularly? _____
- 7. Do you have gum disease or require frequent tooth fillings? _____
- 8. Have you breast fed at least one child? _____

TOTAL FOR SECTION I

GIVE YOURSELF 2 POINTS FOR EVERY YES IN SECTION II:

- 8. Are you female? _____
- 9. Are you of Caucasian or Asian ancestry? _____
- 10. Do you have a fair complexion? _____
- 11. Is your natural hair color blonde? _____
- 12. Do you weigh less than 130 lb. or have a small-boned frame? _____
- 13. Have your periods become less frequent or scanty flow? _____
- 14. Have you been unable to conceive a child? _____
- 15. Have any of your relatives lost height as they got older? _____
- 16. Have any of your relatives had a broken hip or shoulder after age 45? _____
- 17. Are you over 40 but younger than 70? _____

TOTAL FOR SECTION II

GIVE YOURSELF 3 POINTS FOR EVERY YES IN SECTION III:

- 18. Have you lost height (1/4" or more)? _____
- 19. Have you had both ovaries removed and are not taking hormones? _____
- 21. Do you exercise so much that your periods have stopped or come less often (less than 6 menstrual periods a year)? _____
- 22. Are you over 70? _____
- 23. Do you add salt to your foods at the table? _____
- 24. Are you a vegetarian or eat a diet of mostly vegetables? _____
- 25. Do you have a history of anorexia or bulimia? _____
- 26. Is your percent body fat less than 18% of your total body weight? _____
- 27. Have you ever had hyperparathyroidism? _____
- 28. Have you ever had stomach or small bowel disease, or gastric bypass? _____
- 29. Have you taken steroids (Prednisone, Cortef, hydrocortisone, others) for longer than two months at a time? _____
- 30. Have you been treated with regular medication for thyroid, diabetes, epilepsy, rheumatoid arthritis, or chronic liver problems? _____

TOTAL FOR SECTION III

TOTAL FOR ALL 3 SECTIONS: