


# DR. VLIET'S SAVVY WOMAN HEALTH GUIDE™

## ARE YOU AT RISK FOR OSTEOPOROSIS?


Take this simple test. *If your score is above 12, talk with your doctor about having a DEXA test of hip and spine for accurate diagnosis, plus tests of ovarian hormones, NTx (N-telopeptide), Vitamin D, Parathyroid hormone. Then discuss optimal treatment options before you have a fracture!*

**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:**

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

**TOTAL FOR SECTION II**

**GIVE YOURSELF 3 POINTS FOR EVERY YES IN SECTION III:**

19. Have you lost height (1/4" or more)? \_\_\_\_\_ 
20. Have you had both ovaries removed and are not taking hormones? \_\_\_\_\_
21. Did you go through menopause before age 45? \_\_\_\_\_
22. Do you exercise so much that your periods have stopped, or are less than 6 a year? \_\_\_\_\_
23. Are you over 70? \_\_\_\_\_
24. Do you add salt to your foods at the table? \_\_\_\_\_
25. Are you a vegetarian or eat a diet of mostly vegetables? \_\_\_\_\_
26. Do you have a history of anorexia or bulimia? \_\_\_\_\_
27. Is your percent body fat less than 18% of your total body weight? \_\_\_\_\_
28. Have you ever had hyperparathyroidism? \_\_\_\_\_
29. Have you ever had stomach or small bowel disease, or gastric bypass? \_\_\_\_\_
30. Have you taken steroids (Prednisone, etc.) for longer than two months? \_\_\_\_\_
31. Do you have hyperthyroidism, or are taking high doses of thyroid medicine? \_\_\_\_\_
32. Are you on medication for diabetes, epilepsy, rheumatoid arthritis, liver problems? \_\_\_\_\_

**TOTAL FOR SECTION III**

**TOTAL FOR ALL THREE SECTIONS:**

***IF YOUR SCORE IS ABOVE 12, YOU MAY HAVE ALREADY LOST BONE. THE HIGHER YOUR SCORE, THE GREATER YOUR RISK. FOLLOW UP WITH YOUR DOCTOR NOW!***