

# ASSOCIATED ENDOCRINOLOGISTS

## OSTEOPOROSIS QUESTIONNAIRE

1. What is your ethnicity? Caucasian____ Afro-American____ Asian____ American-Indian____ Hispanic____ Polynesian____ Indian____ Other____			
2. Have you ever broken any bones? If yes, which bones and at approximately what age?____  Vertebra (spine)____ Wrist: Right____ Left____ Hip: Right____ Left____ Hip Replacement: Right____ Left____ Other:_____	Yes____	No____	Unknown____
3. Do you have Scoliosis?	Yes____	No____	Unknown____
4. Is there osteoporosis in your family? If yes, what relation(s) _____	Yes____	No____	Unknown____
Is there breast cancer in your family?	Yes____	No____	Unknown____
5. What was your maximum height?____ How tall are you now?____			
6. When, or at what age did your menopause (last period) occur?			
7. Have you ever been pregnant?	Yes____	No____	
8. Have you ever had any children? If yes, how many____	Yes____	No____	
9. Have you ever taken oral contraceptives? If yes, for how many years____	Yes____	No____	
10. Have you taken estrogen therapy post-menopause? (Premarin, Prempro, Ogen, Estrace, Estraderm, etc.) If yes, for how many years____	Yes Now____	Yes Past____	No____
11. How many servings of dairy products do you consume a day?____ (one serving = 8 oz. Milk, 1 oz. cheese, 1 cup of yogurt / ice cream, 4 oz. cottage cheese)  Did you consume three or more dairy servings daily as a teenager and young adult?	Yes____	No____	Unknown____
12. Do you take calcium supplements? If yes, list the name, dosage, & how often you take it.	Yes____	No____	Unknown____
13. Do you take a vitamin D preparation? If yes, list the name of the preparation, Dosage, & how often you take it.	Yes____	No____	Unknown____
14. Do you exercise at least 3 times a week?	Yes____	No____	Unknown____
15. Have you ever smoked? If yes, how many cigarettes a day?____ How many years did you smoke?____	Yes____	No____	Unknown____

